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ABSTRACT

The journal includes nine papers on special education topics in Great Britain as well as reviews of seven books dealing with handicapped individuals. Titles and authors of the papers are as follows: "The Role of the Paediatric Occupational Therapist in Helping Children with Special Needs" (J. Jenkinson and D. Swinney); "The Pathway Employment Scheme in Hampshire" (M. Ward); "Monitoring the Effectiveness of Services for Severely Handicapped People: Implications for Managerial and Professional Accountability" (A. Kushlick, D. Felce, and B. Lunt); "The Development of Programmes for Visually Impaired Mentally Handicapped Young People" (R. Brown); "The Dilemma of Post 16 Education for the More Severely Physically Handicapped Young Person" (J. Lones); "Curricular Change in the Special School: Responding to the Economic Recession" (R. Upward); "Meeting the Needs of Artistically Gifted but Disabled Young People" (V. Fethney); "Developing Further Education Provision for Handicapped Young People in Wiltshire" (C. Lillystone); and "The Old and the New--A Radical View: The Certificate in the Future Education and Training of Mentally Handicapped People" (B. Vickerman and J. Cronin). Book reviews focus on such topics as early education, the school to work transition, and teaching adolescents with learning difficulties. (CL)

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WESSEX STUDIES IN SPECIAL EDUCATION

1983

Editor:

Robin Jackson

King Alfred's College, Winchester

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THE ROLE OF THE PAEDIATRIC OCCUPATIONAL THERAPIST IN HELPING CHILDREN WITH SPECIAL NEEDS

Jill Jenkinson and D. Swinney

Heathfield School,
Fareham,
Hampshire

Wessex Studies in Special Education, 1983, Vol. 3, pp. 1 - 32

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Introduction

The identification of handicap and the early intervention of all the relevant professional agencies is a major objective in the Education Act 1981. The authors believe that many professionals are ignorant of the paediatric occupational therapist's role and many still think of occupational therapists as 'Basket and Bunny Ladies'. This, of necessity, limits any information sharing, which has been identified as an area of paramount importance, since few people realise that we have anything relevant to contribute.

It is hoped that by sharing our experience of working among children with special needs other people will be able to see how they could profitably integrate paediatric occupational therapists into their settings.

Background to Occupational Therapy Service with Paediatrics

Recently the whole area of children's treatment has been under review. Now a much more 'total approach' is given providing the child with special needs and his parents with a more comprehensive service often based in a child assessment unit or school. It is hoped that by bringing together various agencies, encouraging total parent involvement in treatment and therapy and breaking down the barriers of 'them' and 'us', a more relaxed atmosphere will result. This in turn will enable the child to become an integrated family member rather than a 'special child'.

Paediatric occupational therapists may work in a hospital based Child Assessment Unit, a special school or in the community. Each area has its own problems and difficulties but for the purposes of this paper our discussion will be confined to our experiences of working with colleagues in a special school for 140 physically handicapped and ESNM children aged 2 - 11 years.

At Heathfield School we are fortunate to work in a multi-disciplinary team alongside teachers, an educational psychologist, physiotherapists, speech therapists, school nurse, school doctor and peripatetic input from special advisers. Parents are encouraged to liaise with the school at all times. Each child entering Heathfield

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is individually screened to determine whether an on-going programme of occupational therapy is required. Since children are admitted with a variety of physical and neurological handicaps including cerebral palsy, spina bifida, muscular dystrophy, head injuries, severe language difficulty and minimal neurological dysfunction, the areas requiring help are many and varied. Most children are admitted for full-time placement following their fifth birthday but a limited number of pre-school children attend for an eight week assessment programme and a few are referred from the community for specific help.

We endeavour to give the child the highest possible quality of life and a lifestyle which is acceptable to the family, the child and the community. Work is therefore directed towards:

(a) supporting and counselling parents in all areas of home management, and encouraging the child to become independent in all activities of daily living;

(b) helping the child to become an integrated family member;

(c) giving the child the opportunity to accept his limitations and gain a healthy self image;

(d) preparing the child for integration in the local community; and

(e) preparing the child for life as a disabled young person and later as an adult.

The amount of time spent with each child will obviously depend on the severity of the problems presented. The young child often needs much more help in establishing correct patterns, which lay the foundation for all future learning. Time spent encouraging a child to develop to his full potential will be a good investment as subsequently he will be more independent and better adjusted towards his handicap. Areas covered by occupational therapists at Heathfield School include:

(1) Seating: ensuring that all children are sitting at the correct height table and in a chair which gives them good support. Some young children require a special chair or a moulded plastazote insert for support, whilst others may only need wooden arms or a foot rest put on their existing

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chair. Other children may require three cornered seats or adaptations to buggy chairs and car seats. Provision of special tables with a pommel or hand grips may need to be arranged.

(2) Feeding: liaising with the speech therapists to assess feeding problems and give practical instruction with respect to positioning and techniques for encouraging independent feeding. Aids such as manoy plates, non-slip mats, angled or padded cutlery and a small mirror may be provided. Some children may require a special table and chair for feeding.

(3) Drinking: giving advice for positioning and establishing correct swallowing patterns. Supplying and advising on the use of two handled mugs, where applicable. Working with the speech therapists and teachers in helping sucking and blowing etc. prior to the child's acquisition of spoken language, through group work.

(4) Dressing: teaching correct positioning and dressing procedures to facilitate independence. Assisting in undressing and dressing following swimming, P.E. and music and movement. Sometimes trick movements may have to be taught, or easy methods explored, eg, tying shoe laces, and clothing may need adapting with velcro or elastic etc. Personal hygiene skills - nose blowing, combing hair etc. are also taught.

(5) Toiletting and bathing: helping children to become independent by working with the parents and the school nurse in personal hygiene and toiletting skills. Sometimes potty chairs, adapted toilet seats, rails or bath aids may need to be supplied, and this involves referring the child to the domiciliary occupational therapist.

(6) Mobility training: following up the work already started by the physiotherapist in helping the child to get up and down from his chair, open and close doors, get on and off the toilet in and out of a car, walking over uneven.

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surfaces and manipulate a rollator or sticks in a variety of situations.

(7) Wheelchair independence: transferring from a wheelchair to a bed, chair, toilet or car, opening and closing doors, negotiating kerbs and ramps and generally helping the child to manipulate his electric or self-propelling wheelchair. Assessing for wheelchairs where applicable.

(8) Hand function activities: using games, toys and activities to encourage gross and fine manipulation. Following through pencil and paper skills in the classroom, and providing adaptations to pencils, paint brushes and scissors. Helping with 'cutting and sticking' activities, cooking, pottery etc. Giving specific treatment to a particular group of muscles through a particular activity such as printing.

(9) Typing: advising on typing techniques and arranging for typewriters to be placed in class or provided at home.

(10) Perceptual problems: liaising with the teachers to help with problems including those connected with body image, spatial relationships, position in space, hand/eye co-ordination, figure ground discrimination and form constancy. Problems in any of these areas will hamper progress with many skills including basic activities of daily living, fine and gross motor co-ordination, and reading and writing.

(11) Gross motor activities: joining in group sessions with the teachers and physiotherapy staff for music and movement, P.E., swimming and general gross motor skills.

(12) Home visits: visiting parents and children in their home to advise on home management. Liaising with the domiciliary occupational therapist with respect to the provision of ramps, rails, aids, prone board, chairs etc., where appropriate.

(13) Splinting: making splints for limbs where necessary, and moulding jackets for postural supports.

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(14) Extra curricular activities: making the most of the opportunities arising from joining in camping trips, riding sessions, day visits, etc.

Although much of our time is spent with the physically handicapped children, the needs of the ESMM, who are less obviously physically handicapped, are often more urgent. Due to their apparent 'normalness' it may be taken for granted that they can successfully perform all the daily living activities, (eg, dressing). If, however, their problems are in the perceptual areas even this 'normal' activity becomes a major obstacle. It is seldom realised that a complex neurological exercise is undertaken each time a child begins to dress. For example, the child must:

(1) recognise an individual item from a pile of clothes and pick it up;

(2) recognise the clothing in relation to inside/outside, back/front, top/bottom;

(3) recognise head, arm and leg 'holes';

(4) know where his head, arm or leg is in relation to his body, so that he can isolate an individual limb and put it down the arm or leg 'hole' in the garment;

(5) maintain balance and co-ordination skills for sitting, standing or kneeling to put on individual items of clothing; and

(6) have fine motor control to manipulate buttons, laces, belts, etc.

Other common everyday social skills such as personal hygiene, tying shoe laces, folding clothes or paper, buttering bread, making a sandwich, pouring a drink or doing up a zip on an anorak are often other problem areas. It is often much easier and quicker for a parent or adult to do the activity for the child rather than breakdown the skills, as an occupational therapist would do, and work through it with him.

Opportunities may arise for the therapist to join the teacher in classroom based group activities such as cooking. In this instance, the teacher may be concentrating more on weights and measures and the

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origin of ingredients while the therapist will be observing and helping the child to take full part in the session.

A child with a major co-ordination problem will be unable to learn from the group session if she is worried about the task of holding the bowl in one hand and stirring with the other. If this problem is not sorted out while the child is young it can become a major difficulty in adult life.

As therapists we feel that in this present economic climate, when jobs for children with special needs are almost non-existent, the most important aim of treatment must surely be to adequately prepare them to become complete members of society. To this end we concentrate on the basic everyday skills which are so often omitted from the timetable or obscured by the necessity to meet curricular deadlines.

Some of the most valuable learning experiences have been initiated while these children have been away on school camping trips. It has been amazing to observe that a skill mastered in the school environment, (eg, dressing, personal hygiene) was completely lacking in a new situation. This has made us more aware of the importance of parental involvement to carry over the skills into the home environment. In addition, the necessity of the child overlearning a skill has been brought to our attention again.

At Heathfield we have several different assessment and reporting procedures depending on the needs of the children. A basic checklist for the more able ESNM child can be completed quite quickly and any areas of difficulty are reported to the teacher (see Appendix A). For those with multiple handicaps a more detailed assessment chart is used which enables progress to be charted over a period of time (see Appendix B). A quick screening test for hand function is done using a construction toy roundabout and a jar of therapeutic putty (see Appendix C). Problems arising from these simple tasks are then analysed and a remediation programme devised. Each child's progress is recorded on a cardex kept in the department and general reports on each child's progress are placed in the education file and medical notes twice yearly. Pre-school children can be referred for a detailed assessment procedure over a period of eight weeks. During this period each discipline observes the child

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and submits a report at the final assessment meeting (see Appendix D). Recommendations are discussed with the whole team and decisions regarding future placement are considered.

Since we are involved in assessing the home situation, reports, regarding provision of aids and adaptations in the home, are sent to the domiciliary occupational therapist involved. As a result, a joint home visit is often undertaken and further discussions regarding the most appropriate aids to be supplied are then undertaken.

Practical Outworking

The advantage and disadvantage of being a medically trained professional working in an educational environment are many and varied. A tremendous amount of medical input can be brought into an educational setting through having therapy staff on the team who have had previous experience working in a hospital environment. They are also used to working in a multi-disciplinary team, respect each others roles and expect interaction to follow automatically. They have a wide medical knowledge and often the occupational therapist in a physical setting is one of the few people to have in-depth psychiatric training which can be very useful in helping both the parents and their child.

Therapists are used to a more formal routine than is found in most schools. They have generally worked to deadlines such as ward rounds, clinic appointments and case conferences, and have observed their patient in terms of progress made since their last clinic appointment. They look objectively at the patient in terms of function - what can he do? They are trained to give clear and concise reports which will highlight progress and pinpoint areas of difficulty so that other team members can be called in as appropriate. Everyone is working towards the patient's discharge. When treating children, progress is likely to be slower and less dramatic so the therapist needs to adapt her approach.

Much useful information can be gained from regular multi-disciplinary meetings and observations. By observing a colleague handling a child with a skill obtained through their particular training, a team member may obtain better insight into the child's abilities

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from another specialist's viewpoint, rather than observing him as a mobility problem by the physiotherapist, a dressing problem by the occupational therapist, or a writing problem by the teacher. A child playing with a construction toy, for example, a roundabout, may be observed by an occupational therapist looking for hand function and manipulative skills, a speech therapist looking at his inner language and a teacher looking at his play/socialisation - three professionals observing one child give a more total picture than one member working in isolation. But it is imperative that each child is seen as a whole person. Although a child may function very differently in a one-to-one situation than in a group, he should be getting the same message from each team member as a result of discussions and a unified approach.

In a hospital environment the patient usually comes to therapy, but in a school setting the therapist often spends time in the classroom - thus bringing therapy to the child and, more important, improved function without isolation. This works well when the teacher understands the role of the occupational therapist and does not think of her as just an 'extra pair of hands'. The teacher can observe how the therapist wants the child to sit, hold his pencil, use a typewriter, or cut with scissors and can follow through these patterns in other areas when the therapist is not available.

When the teacher is unaware of the occupational therapist's role she can make the therapist feel quite guilty when she asks to withdraw a child for an individual session: as though she is committing some terrible crime by taking him away from his classwork. Maybe this is due to the teacher's failure to see each team member's contribution towards the child's total development. If it takes some time for the child to toilet himself, put on his calipers or change for P.E., can the teacher rearrange her schedule so that he can get his activities of daily living training at a realistic time? Can he do his three 'R' work later? Are some teachers so rivetted to test results and reading ages that they are unable to see the importance of an occupational therapist's input in preparing the child for independent living later on? Conversely, the therapist must realise that when a child is making headway in an academic area, such as reading or number, the therapist will have to stop 'pushing' dressing or wheelchair skills for the present time.

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It is imperative that the occupational therapist works alongside the teacher so that her help is accepted rather than rejected.

Confusion may arise when team members lose sight of their clearly defined roles. If misunderstandings are not cleared up immediately, greater misunderstandings can result. For instance, classroom ancillaries have the brief to 'help the children and the teacher'. Unless they are educated to see the child as a total person, they may completely destroy many hours of the occupational therapist's work. The therapist is aiming towards total independence, but the ancillary may help the child with his coat since she feels that is carrying out her brief. She needs to feel secure in her position, to be able to stand back and watch a child struggling, knowing that it is important for him to try and do it for himself. The same principles apply to the nursery nurse, dinner ladies and voluntary helpers in the swimming and riding programmes. It can be very frustrating watching a child manipulate an unsuspecting person and play one team member off against another.

The parents' first contact with the occupational therapist is very important. During the initial interview, when a Parent Questionnaire is completed, many problems are brought to light, (see Appendix E). Simple practical help can do much to ease the parents' management problems. Many parents, who have not had good contacts with health visitors, physiotherapists or occupational therapists prior to attending school, will be unaware of the transformation that can occur when proper seating, a potty chair, non-slip mat or a plate with a built up side are supplied. Sorting out practical problems such as dressing, toiletting and feeding can do much to instil confidence and hope in the whole team.

The occupational therapist has the privilege of visiting children and parents in their own homes. Since parents are on their 'own ground' they are often more relaxed and much can be achieved over a cup of tea. The therapist needs to be aware of where the parents are now and work from there, rather than insisting on a certain rigid routine. Introductions to other parents with handicapped children are essential and much indirect counselling and support is given through the weekly

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Mothers' Club. At Heathfield, professional members of the team are asked to speak on certain aspects of handicap or management, such as mobility, feeding, dressing and language stimulation. Parents gain much encouragement from realising that other parents have overcome the particular problems they are facing at present.

Conclusion

As foundations for adulthood are laid down very early, it is important that from the outset the child is given help in coming to terms with his handicap, developing self esteem and becoming an acceptable and useful member of society. Although it is important that he should achieve his full potential academically, it is imperative that he manage his activities of daily living, have attained acceptable social skills and be able to use his leisure time. Through working together, the team should be able to give the child with special needs a well balanced programme to achieve these aims.

Since the implementation of the occupational therapy services at Heathfield School, the demand for our specialist knowledge has increased dramatically as people become more aware of the services we provide. We feel that we are just touching the 'tip of the iceberg' and that future provision must be made for children who are attending schools and centres where there is, at present, no occupational therapy input.

Appendix A ADL screening checklist

B ADL multiple handicap progress form

C Hand function test

D Report form

E Parent questionnaire

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Appendix A

Activities of Daily Living Assessment

NAME: Date of Birth:

	Comments	Date
FEEDING		
Chewing adequate		
Eat with spoon		
Eat with fork		
Use knife and fork together		
Drink from glass, cup		
Drink through straw		
Cut meat		
Spread bread and butter		
Any necessary adaptations		
DRESSING		
Remove hat		
coat		
sweater		
shirt/blouse		
vest		
skirt		
trousers		
pants		
socks/tights		
shoes		
night clothes		
appliance		
Put on hat		
coat		
sweater		
shirt/blouse		
vest		
skirt		
trousers		
pants		
socks/tights		
shoes		
night clothes		
appliance		

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	Comments	Date
PERSONAL HYGIENE		
Toilet trained		
Independent in toiletting		
Wash hands and face		
Brush teeth		
Comb and brush hair		
Baths independently		
Turn taps on and off		
Keeps nails clean		
Blows and clears nose		
OBSERVATIONS		

Therapist: _____

Date: _____

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Appendix B

Occupational Therapy

NAME: Date of Birth:

Diagnosis

Recording Date Therapist

1
2
3
4

Modifications or adaptations - N - needs
P - possesses

chair			toilet		
table			rails		
bath aid			other		

Existing contact with local authority

Sleeping pattern

Additional information

Scoring:

A - unable to complete skill
B - with physical assistance
C - accomplishes skill but awkwardly
D - independent
* - adaptation used

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NAME: Date of Birth:

EATING

feeds self biscuits
tries to grasp spoon when feeding
holds spoon, places in cup
chews food
drooling controlled
holds spoon, licks, cannot prevent it from turning
fills spoon with food
palmar grasp on spoon
getting food to mouth, some spilling
picks up and holds spoon, right side up
feeds without much spilling
eats with spoon, may use fork
feeds self independently with spoon
feeds self with fork
uses spoon and fork together
uses table knife for spreading
uses table knife for cutting
uses knife and fork together

A	B	C	D	*

Observations

Takes food to mouth/head to food
Takes food sideways off spoon/straight off spoon
Takes food off spoon with lips/teeth

Difficulties present when feeding:-

Tongue thrust
Gagging
Continual sucking
Bite reflex
Swallowing
Biting and chewing
Drooling
Inability to close mouth when eating

Equipment - uses adapted plate/non slip mat/plastic spoon/enlarged handle ordinary spoon/fork/knife

Comments

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NAME: Date of Birth:

DRINKING

partly drinks from cup
holds cup when adult gives it, takes back
drinks independently without much spilling
lifts and drinks from cup, replaces on table
gets self a drink unassisted
pours well from small jug
able to drink through paper straw

A	B	C	D	*

Observations

Sucking immature/mature
Swallowing pattern infantile/mature/gagging
Throws head back when drinking
Gets tongue inside cup
Holds cup with right hand/left hand/both hands

Equipment

Uses cup with special spout
Two handled mug
Ordinary cup
Other

Comments

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NAME: Date of Birth:

DRESSING

	A	B	C	D	*
co-operative with dressing					
pushes arm through sleeve if started					
pushes off socks when already rolled past heel					
removes socks					
shoes					
hat					
puts on simple garments - hat					
socks					
mittens					
pulls up trousers					
removes coat					
removes shoes when laces untied					
removes pants with help over hips					
unbuttons front buttons (large)					
pulls down pants at toilet (seldom replaces)					
puts on socks					
puts on shoes					
unlaces shoes					
unbuttons all accessible buttons					
removes clothing completely					
buttons coat or dress					
puts on vest					
knows front from back					
buttons large buttons on shirt					
laces shoes, without tying them					
buttons medium buttons					
dresses completely					
buttons small buttons					
ties bows on shoes					

Observations - showed difficulty pulling garments over head
putting arms into sleeves
pulling pants and trousers over legs
putting socks and shoes on feet
putting gloves on hands
fastening buttons/tying laces

Position - sits on floor/ordinary chair/raised corner seat/flat corner seat
stands at rail/holding onto chair. Leans against wall

Comments

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NAME: Date of Birth:

TOILETTING

A	B	C	D	*

indicates when wet or soiled (by crying)

gives prior indication of need of toilet by squirming, pulling at pants, fussing

responds to toilet placement at regular intervals

bowel control attained

verbalises toilet needs in reasonable time

dry during day

goes to toilet by self for bowel movement

goes to toilet by self for urination

stays dry during night

wipes self after bowel movement

seldom wets self during day

Observations - Difficulty sitting on toilet
Uses potty chair/pot on floor
Wears appliance
Toilet training programme started at home

Comments

GROOMING

A	B	C	D	*

attempts to wash self in bath

attempts to wash hands

partially dries hands with reminder

dries hands

brushes teeth

washes and dries face

combs and brushes hair adequately

takes bath assisted

blows and cleans nose

baths independently

keeps nails clean

Comments

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NAME: Date of Birth:

HAND FUNCTION

		A	B	C	D	*
Hand						
Make a fist - hit or pound	R					
	L					
Opening hand in pronation - press down	R					
	L					
Opening hand in supination - press upwards	R					
	L					
Grip						
Cylindrical - fingers curl round object in the one direction and one thumb in the other	R					
	L					
Vertical - vertical rail	R					
	L					
Pronated - cross bar on bay walker	R					
	L					
Supinated - open a drawer	R					
	L					
Neutral - hold a whip or golf club	R					
	L					
Hook action - carrying a suitcase - thumb not necessary						
Grasp						
Palmar grasp - object resting in the palm	R					
	L					
Finger-thumb - take coin from cork	R					
	L					
Modification - posting a letter (NB ext. fingers)	R					
	L					
Index finger - thumb - pick a string	R					
	L					
Screwing						
Coarse - open door knob or large screw topped jar (NB palmar grasp wrist flexion with moderate ext., elbow flex., rotation of radio ulnar joint, upper arm abd. and add.)						
Medium - winding clock or small screw (NB held in fingers, wrist and elbow flex. rotation of radio ulnar joint, upper arm stationary)						
Fine - winding a watch (NB movements only in fingers and in no other joints)						
Individual finger movements						
Ability to press with thumb	R					
	L					
Point with index finger extended	R					
	L					
Flex fingers - as in scratching	R					
	L					
Extend fingers - opening paper bag	R					
	L					
Extend and spread - playing piano or type	R					
	L					
Oppose to digits						

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HAND FUNCTION (contd.)

A	B	C	D	*

Arm and hand together

Hug a teddy bear or ball

Using two hands - holding bowl with one hand and mixing with other

Beating a drum

Rolling an object

Lifting a heavy object

Hand-eye co-ordination

Thread beads

Drop pellets into a narrow neck jar

Building bots

Manipulative skill

1. Hand clapping
2. Tapping table or drum, first with one hand at a time, then alternate rhythm
3. Putting pellets into cup
4. Putting pegs into a board
5. Bead threading (check clumsiness and co-ordination)

Observations

Therapist: _____

Date: _____

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NAME: Date of Birth:

SUMMARY

Eating

Drinking

Dressing

Toiletting

Grooming

Hand Function

Parent Liaison

Recommendations

Therapist: _____

Date: _____

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Appendix C

Occupational Therapy

Hand Function Assessment

NAME: Date of Birth: Dominance:

ROUNDABOUT:

Take red base out of box:

Place central pole in hole:

Place roof on pole:

Place horse up roof hole:

Screw up:

Place man on horse:

Place swing up roof hole:

Screw up:

Place man on swing:

Push round with right / left hand:

PUTTY:

Unscrew jar:

Take out of pot:

Roll into a sausage:

Roll out at arms length:

Roll into ball:

Put back into pot:

Put lid on:

Screw up:

Comments:

PHYSICAL ASSESSMENT		R	L
Arm:	shoulder		
	elbow		
Wrist:	flexion		
	extension		
	pronation		
	supination		
Deviation:	ulnar		
	radial		

Hand: fingers flex when wrist extended

" extend " " flexed

Thumb: 'loose'

sublaxed MCP

adducted PIP

abducted DIP

hyperextended

Fingers: flexion

extension

hyperextension

Opposition:	MCP	PIP	DIP
right - 2	3	4	5
left - 2	3	4	5

Grip: right - pinch / cylinder / gross / release

left - pinch / cylinder / gross / release

Comments:

Occupational therapist: _____

Date: _____

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Appendix D

Occupational Therapy Assessment Summary

NAME: Date of Birth:

Activities of Daily Living

Eating

Drinking

Dressing

Toiletting

Mobility or Seating

Upper Limb Function

Communication

General Comments and Recommendations

Signed:

Date:

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Appendix E

HEATHFIELD SCHOOL - FAREHAM

Occupational Therapy - Questions to Parents (for the more independent child)

NAME: BIRTHDAY:

GENERAL

Give names and ages of any other children in the family

Has he had, or is he having therapy?

Has he had any operations, plasters or any modifications to his shoes?

Has your child been prescribed drugs?
If so, give the reason, type and dosage.

Has he had his hearing and vision tested?
If so, by whom, when and where?

Does he attend the dentist regularly?
Give the name and address of dentist.

Is your child at

(a) Day Nursery
(b) Nursery School
(c) Playgroup
(d) Baby minder
(e) At home with you all the time

If other than (e) above, how many daily hours attendance are spent away from home; give the name and address of place and of person in charge

---

If you have put down your child's name for a school when he is five years old, state name and address of school

---

Is your child predominantly left or right handed?
Can he use both together?

Can he sit unsupported on the floor?

in a chair?

Does he have to rely on one hand for support when he attempts to dress himself or play?

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LOCOMOTION

How does your child get about the house?
Do you have him with you when you do the housework?

What type of chairs can he get on and off?

Can he open and shut doors?

Can he open and shut drawers?

Does he have a walker
bicycle
tricycle
or any other type of walking aid?

Can he manage stairs?
up and down?

How does he do this?

Can he walk in the street by himself?
get on and off a bus?
in and out of a car?

If not, by which hand do you hold him?

Do you help him in any other way?

Does he fall or frequently fall or bump into objects or people?

Chair or Wheelchair (if used)

What type of chair does he have?

Have any special adjustments been made to it?

Are there any difficulties when he sits on a chair?

Does he fall to one side - left/right

Does he slide forward?

Does he push back?

Can he place his feet on the support?

What activities does he do when he is in the chair?

If he has a wheelchair, can he propel it by himself?

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PLAYING

In which position does your child find it easiest to play?
Sitting on the floor?
In a chair?
On his tummy? Side? Kneeling?
Does he move about?

How does he like to amuse himself most?
Describe. Does he like to play the same
way with the same things each time?
Describe.
Does he rely on you for verbal instructions?

What types of toys or objects around the
house does your child prefer to play with?

Does he play in an imaginative way?
Tea parties, dressing up, cowboys etc
Does he talk as he plays?

Is he interested in picture books?
What can he tell you about the pictures?

Does he draw or paint?
With or without instructions
Examples

Does he recognise and can he copy shapes?
circle,
triangle,
square
Can he put puzzles together?
Examples

Does he prefer to play with other children?
play alone?

Does he help with household duties?
dusting
setting the table
cleaning shoes

FEEDING

Does your child sit on an ordinary chair?
If he has a special one, please describe.
Is a cut out table used?

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Does your child have difficulty in eating certain foods?
Indicate those that are hardest to manage and those that are impossible - liquids
hot / cold
ice cream
Crisp foods - cereals / raw vegetables / toast / biscuits
Slippery foods - eggs
Sticky foods - bacon / meat / chicken
Sipping and chewing - soup with vegetables
Large bites and chewing - apples
Are there any foods not listed that are especially difficult?

Are there any of the following difficulties when feeding?
Describe
(a) tongue thrust
(b) gagging
(c) continual sucking
(d) biting as soon as something is put in the mouth
(e) inability to close mouth when eating
(f) swallowing
(g) biting or chewing

Can he feed himself with bread
biscuits
or any other food in his hands?
Do they crumble in his hands?

Can he feed himself with a spoon
fork
Which hand does he prefer? right / left
How does he hold this? fist grip / between thumb and finger

Can he manage a spoon and pusher
spoon and fork together

Can he manage a knife?
Which hand - right / left
Can he cut up his own food?

Are there difficulties when your child drinks?
If so, what are they and how do you help?
Does he drink from a double handled mug
cup with special spout
ordinary cup
Does he hold his mug or cup?
Does he use right / left hand / both hands?

Can he take food to his mouth?
his head down to his food?

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Can he bring the food straight to his mouth
sideways
Is there difficulty in getting food off the plate?
Can he close his lip to get the food off a spoon?

Does he do this with his teeth
lips

Do you have to help him with his feeding?
How do you do this?
Details of help given to him to control him generally, and any specific help given to the
jaw
lips
tongue
to enable him to chew and swallow

DRESSING

Which garments can he take off?

Which garments can he put on?

Which garments can he not manage?
What appears to be the problem?

What help do you have to give your child when undressing? Explain how you do this.

What help do you have to give your child when dressing? Explain how you do this.

Does your child sit on the floor
sit in a chair
stand
when he tries to dress himself?
Does he use different positions according to the clothes he is putting on?
Describe.

Can he manage buttons? which
laces?
back fastenings?
to tie a tie?

Does he know left side and right side?
top and bottom?
right and wrong side of a garment?

BATHING

Does he have difficulty in sitting in the bath?
Does he have any support
stool

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How much of himself can he wash?
What help do you give him?
How do you do this?

Can he manage to dry himself?

Can he get in and out of the bath?
How much help do you give him?
Where do you give this help?

WASHING

Can your child wash his hands and face?
Sitting/standing at the basin?

Can he dry his hands and face?

Does he brush his own teeth?

TOILET

Is your child clean and dry at night?
during the day?

Can he manage to clean himself?
pull the plug?

Have you made any special adjustments
to the toilet itself to help him?
If so, what?

SLEEPING

Is the child a light sleeper?
Does he move in his sleep?
Is he uncovered in the morning?
Can he cover and uncover himself?
Can he turn himself in bed?
Can he get in and out of bed himself?

EMOTIONAL

Does he have 'good' days and 'bad' days?
When he has been naughty and you are
displeased, does he understand?
Is he disciplined to the same degree
as a normal child?

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SPEECH (only for child with speech problems)

Does he use word
gestures
sounds
as a means of communication?
Describe.

Describe the types of words he can manage
and those he finds difficult
impossible

Does the effort of speaking make him go stiff
or move in an involuntary position?
Does speaking make it difficult for him to
use his hands at the same time?

PROBLEMS OR AREAS FOR ATTENTION

Occupational Therapist:

Date:

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THE PATHWAY EMPLOYMENT SCHEME IN HAMPSHIRE

Mary Ward

Pathway Employment Service,
Social Services Department,
The Castle,
Winchester,
Hampshire

Wessex Studies in Special Education, 1983, Vol. 3, pp. 33 - 50

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Introduction

Why are we seeking employment for the mentally handicapped, when there are over three million unemployed in this country? Employment, or rather the lack of it, is a highly topical issue. However, current trends are not solely the result of indigenous industrial problems but of a general evolution in our industrial society. The whole question of how adults contribute towards society and how they are occupied is now being raised. However, at present, the work ethic is very strong and people continue to be very much valued in relation to their occupation. There is a tendency to judge people by 'what' rather than 'who' they are. Mentally handicapped people are no different in their perception of this. The crux of 'normalisation' is to move those stigmatised by handicap towards self-worth and acceptance by others. Adulthood is seen in terms of achieving independence and making a contribution towards the community. Dependence tends to relegate the individual to the status of a 'child' in the eyes of others. The achievement of employment is one way of dispelling this attitude. A handicapped person's insistence on full adult status, including the right to contribute as well as receive, forces others to re-examine their attitudes to handicap.

The mentally handicapped person in common with the non-handicapped perceives such milestones as marriage and employment as the markers of being an adult. Being employed can remove the label of handicap and the perception of the handicapped person as a 'passenger', both within his family and his community. Being unemployed is perhaps more damaging to the handicapped person, as their self-esteem can be more fragile than for those without handicap. Additionally, a mentally handicapped person is more vulnerable to the 'deterioration' of social skills and mental agility that can result from unemployment. Most mentally handicapped adults in our society have been restricted to a handicapped world throughout their education and day care provision. For those mentally handicapped people attending an adult training centre, employment can mean moving away from a handicapped society.

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The Pathway Employment Service

The Pathway Employment Service was started in 1975 by the Royal Society for Mentally Handicapped Children and Adults; initially as a pilot scheme in South Wales. Although located in an area that even then had high unemployment, it was highly successful with 38 placements into open employment in the first year of the scheme. Mrs. Valerie Cooper, the first Pathway Employment Officer (PEO), is now the Director of Pathway Employment Service. The Head Office of Pathway is in Cardiff. The Director of Pathway is responsible for the expansion of the scheme and negotiates at a local level for assistance in funding from local authorities. Currently, there are nine schemes, including London Borough of Wandsworth, East Anglia, East Sussex, Hampshire, Avon, Luton, Sheffield, Bradford and South Wales. Over recent years, Pathway has expanded very rapidly. The aim is to cover the whole of the United Kingdom so that there is a specialist employment service available for mentally handicapped people in all parts of the country. While each scheme has the same basic format, it has features unique to the specific area it serves. Obviously there are great differences between working in urban and rural areas, both in terms of the types of employment available and kinds of transport problems experienced.

PEOs offer an employer up to six weeks reimbursement of wages, with a possible extension of a further six weeks, to cover the period for which the client is on probation. The client is on the usual rate of pay and conditions. The only difference is the help given to employers for the initial 'trial' period of up to twelve weeks. This service has not been abused by employers. Clients who prove satisfactory are offered permanent employment. Some companies choose to use their usual probationary period, (eg, one month with Pathway workers). Additionally, the support worker, whose role is described later, is offered a MENCAP grant in recognition of his/her support and help. The right support worker and fellow workmates are of vital importance to the success of Pathway. The PEO does not work in a professional vacuum. He/she has to work closely with other professionals involved in employment for handicapped people.

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The Manpower Services Commission (MSC)

The Manpower Services Commission are responsible for a large range of employment services, which includes the Disablement Resettlement Service which is based at the Jobcentres. The Disablement Resettlement Officer (DRO) deals with employment for people with all types of handicaps. The PES has an arrangement with the MSC to use the Job Introduction Scheme for mentally handicapped clients. Under this scheme the DRO can offer a £45 a week subsidy to the new employer for an initial period of six weeks with a possible extension to thirteen weeks. Consequently, the PEO needs to work closely with the DROs. Why is a PEO necessary, in addition to the employment services run by MSC? The great advantage the PEO has is that he or she is a specialist. And it takes time to develop a sufficient depth of knowledge in mental handicap. Further, I believe that the mentally handicapped person is in special need not only of an advocate but of a level of continuing support that is quite different to that required by a physically handicapped person. The PEO and the DRO work together for their mutual benefit. The DRO can refer mentally handicapped clients for consideration for Pathway and can use the PEO's specialist knowledge and contacts. The DRO however has a broader field of contact and is aware of the variety of employment services available to the disabled, (eg, fares assistance). They can also put forward a client referred by the PEO for a place at an Employment Rehabilitation Centre.

Employment Rehabilitation Centres, which were set up by the Manpower Services Commission to assess and develop people's work skills, can offer short assessment courses which provide information on an individual's work abilities. They can also offer a place on a Young Persons Work Preparation Course, which is specially designed to help young people who are finding it difficult to obtain work, or on a Rehabilitation Course which is designed for older people.

Careers Advisers

The Specialist Careers Advisers' main responsibility is to work with special school leavers. They may refer young people, who are as yet unsettled in jobs and are too old to come under the auspices of

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the Education Department, to the Pathway Employment Service. The PEO can work with Careers Advisers, particularly in relation to the Youth Training Scheme, which is designed to prepare a young client for open employment.

Social Services Department

Many of Pathway's clients attend adult training centres or live in social services' hostels. The PEO has to work closely with all the professional staff involved and is especially reliant on the training centres' assessment of the client's potential for employment. Other clients who are unemployed in the community are often known to social workers in the area teams and are subsequently referred by them. Obviously the PEO needs to work closely with the staff of training centres and hostels to plan for the client's future and to be able to co-ordinate their development and training. The training centres have a wider responsibility than simply work training, and to some extent the present unemployment situation, amongst other things, has resulted in a move away from this emphasis. However, the 'hidden curriculum' is just as essential to a client's training for employment. They can be helped in the development of their maturity, confidence, initiative, communication skills, ability to use public transport and other community facilities, and so progress towards independence. Clearly those concerned with preparing the client play a vital and practical role.

The Pathway Employment Officer's Duties

The Pathway Officer is a specialist in the employment of mentally handicapped people. It was believed by many working in the field of mental handicap that there was a real need for a specialist service, where the very special needs and problems of the mentally handicapped person could be met effectively. Although it would not be appropriate to go into detail on all aspects of the procedure that the PEO follows, it is valuable to highlight some features.

Canvassing Employers

Since 1948 there has been a 'quota system' whereby an employer with over 20 employees is obliged to ensure that 3%

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of his workforce are registered disabled. As registration as a disabled person is, very rightly, voluntary, it has proved virtually impossible to enforce the quota. An employer may well be employing a handicapped person who does not wish to register as disabled. Many people in the field believe that the quota is a valuable instrument in persuading employers. However, I dislike the aspect of compulsion. I believe that if an employer is 'pressurised' into engaging a handicapped person he is unlikely to prove a positive employer.

There are a larger number of unproductive employer responses compared to receptive responses to an initial contact with the PES. The position is aggravated by the large geographical area covered by, and the very different employment situations within, Hampshire. For example, there is a low number of suitable mentally handicapped clients in the Winchester area. But, as a result of the demographic and employment pattern of Winchester, there are a higher number of unskilled vacancies available. In contrast, in Basingstoke, our clients compete with a very large pool of unskilled unemployed people for a very small number of suitable vacancies. As an example of the extent of canvassing that can be undertaken for a client, Pathway, on behalf of one client who had been assessed as being a very good potential employee, had contacted 200 employers in the Southampton area! This had included personal visits by the PEO to 100 employers. So far, this client has not been placed but Pathway will continue to canvass for this client until he is successfully placed.

Although we have a commitment to publicity, talks and mail shots, we have found that all our placements have resulted from personal contact and follow-up from the PEO. Often the employers, who have proved the most supportive to our clients once placed, have had to be motivated by several visits from the PEO during the initial period.

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Continuing Support

It is a vital feature of the PES that we offer continued support to our clients after placement in open employment. Obviously, the most intensive support is during the early stages of employment and includes frequent visits to the client and family, the support worker and the employer. Only when the client and the employer feel confident will the PEO begin to withdraw. However, the PEO remains available should the client, family or employer want to contact the PES at any time. Due to the hours worked by some clients, (eg, shift and weekend work), the PEO is available at home. Some clients quickly 'grow away' from the PES and its MENCAP label and this is the greatest sign of success. Other clients will need continuous support with intensive help at critical times.

Cases of Failed Employment

Whilst failure is distressing and can be a destructive experience, some circumstances of failure have proved to be very helpful as a tool in working with clients. As an example, the PEO has been working alongside a psychologist from a local mental subnormality hospital with a client who failed in employment because of stealing. It seems possible that this problem can be contained and that the client will be replaced in employment as a result. The question remains as to whether this work should be done prior to referral to the PEO.

Similarly, the PEO can work closely with an employer who has had a 'failed' employee in order to minimise any possible negative feelings. By retaining a rapport, the employer is not 'lost' to Pathway. Total honesty in talking with the employer about the client and his or her problems prior to placement is an essential element in this. Provided employers are informed, they are prepared to work through problems with their handicapped employees. I have been surprised by the degree of commitment shown by supervisory staff in order to make a placement a success.

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Working with Employers

The PEO works with the client and all concerned to establish realistic aims and to help the client towards a job that both suits his/her strengths and personal likes and dislikes. If appropriate, the PEO meets and counsels a 'support worker'. This is someone already employed by the company who is prepared to take a special interest in their mentally handicapped workmate and offer guidance without being over-protective. This contribution is of vital importance to the success of Pathway.

Employers can be offered a refund of up to six weeks reimbursement of wages with a possible extension of a further six weeks. In fact, very few employers have taken up this financial incentive in Hampshire, but the offer of it can act as a reassurance, as employers may be concerned that their new employee might need a longer than usual 'settling-in' period. At the end of the day, the employer is being asked to take what he, as a businessman, must see as a gamble. The rapport between the employer and the PEO is therefore of great importance and a major role for the PEO in working with both employers and support workers is to deal with those fears and prejudices held towards the mentally handicapped. The term 'mental handicap' is an unfortunate one for the word 'mental' conjures up images of illness, instability and even violence. It is difficult to convey that it is in fact a 'physical' handicap of the brain. The professionals and 'experts' have for some time removed the mentally handicapped from their fellow men. Now that we are trying to reverse this process, we can hardly complain that the average man has no knowledge of the mentally handicapped or be surprised that he is nervous of the unknown.

Stepping Stones to Success

The road to success is a dual carriageway. One aspect is to enable the community to accept the normality of handicap. The PEO needs to utilise people's own experience of loss and

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handicap in the widest sense of the word. This enables people to recognise common experiences and problems with those labelled 'handicapped'. There is usually someone perceptive enough amongst a working group who can act as an ambassador for the client and build further bridges. The skills developed and the satisfaction gained by the support worker are as much a product of this relationship as the increase in confidence and ability of the client.

As well as moving the non-handicapped a little closer to the handicapped, the handicapped person must be helped to maximise his acceptability to others. Concern over clients, formerly attending training centres, who were failing in employment led me to analyse the problems involved. It would seem to highlight the need for a stepping stone between the handicapped and non-handicapped worlds. Many of my clients are the most able at their training centre and therefore judge their own behaviour and ability against the 'norms' of the training centre. However, they need to see themselves in relation to those who are not handicapped. Thus, to avoid the possibility of failure, this opportunity should take place in a pre-employment training setting outside the training centre. The PEO has, therefore, in conjunction with staff and trainees from a local adult training centre, established a pilot pre-employment training scheme.

(1) Aims

The aims of this course are to improve the employability of the clients attending; to enable them to make a realistic self-assessment; to give them first-hand knowledge of work experience and also guidance in maximising what they have learned in these settings; and to introduce mentally handicapped clients to local employers without any commitment to permanent employment.

(2) Client Group

The client group is seven mentally handicapped

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adults, with ages ranging from 19-35, who have been selected by the staff at the ATC as having employment potential but who are in need of a preparation and training for work programme.

(3) Location

The course is held at Crestwood Community School, Eastleigh, using both the facilities of the school and the community centre. With the kind co-operation of the headmistress and the warden, not only are we able to use all the facilities but we have obtained teaching time from two of the school staff.

(4) Curriculum

The basic topics examined include the use of application forms; job finding; attitudes towards work; understanding of job types; self assessment and preparation; presentation and handling of interviews; and problems and behaviour related to a work setting. Apart from the input of the PEO and the instructors from the ATC, teaching time is also given by the woodwork and metalwork teacher at the community school who assesses hand skills etc., the home economics teacher who assesses domestic and laundry skills, a personnel manager from Hampshire County Council who represents the employers' viewpoint and arranges mock interviews. The specialist careers adviser (S.W. Hants.) also contributes to the course. In addition, there are group visits, (eg, use of self-service cafeteria at a local factory). Each client undertakes work placement, based on his/her own needs and abilities, which include placements with Roadline, Pirelli Cables, the Home Help Service at Eastleigh, Eastleigh College of Further Education, Travis and Arnold,

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a local play group, and placement within Crestwood School for clients requiring a greater degree of support.

Pathway Employment Scheme - Hampshire

In Hampshire we have been fortunate to receive funding on a three year pilot basis from Joint Financing of Hampshire Social Services in liaison with Hampshire Area Health Authority. As the PEO for Hampshire, I took up my post in November 1981 and am based in Winchester at Hampshire Social Services department. So, although I am an employee of MENCAP, I receive a great deal of support from the Social Services. By mid-February 1982 Pathway was operative in Hampshire. Approximately 20 people a year are placed in open employment. This may not seem a high figure but, in view of the canvassing and assessment required, quite apart from post-placement support, it is the maximum possible. Most of my clients attend ATCs, reside in hostels or are known to the social services or the health authority. HANC and HALO provide a basis for assessment of clients attending training centres or living in social services hostels, (see Shackleton-Bailey, 1982). Additionally, clients are referred by DROs, specialist careers officers (for clients now over 19), families and MENCAP establishments such as Lufton Hall, Yeovil and Pengwern Hall, Rhyl.

Some clients placed have had additional handicaps, such as spasticity, partial sight, speech impediment and epilepsy. In Hampshire, clients have been placed in such occupations as general labourer, hospital canteen worker, packer of computer parts, stock refurbisher, domestic assistant in an old people's home, gardener and laundry worker.

The PEO for Hampshire has a county brief and, in theory, should offer a service to the following:

13 adult training centres;

14 social services hostels with accompanying group homes;

2 large hospitals for the mentally handicapped and their satellites (ie, 3 locally based hospital units);

3 specialist careers officers - contact with whom is essential as regards joint work on work experience, etc;

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16 Disablement Resettlement Officers - vital contacts, especially as a source of JIS funding and for such facilities as job rehearsal and employment resettlement centres;

18 area teams;

MENCAP establishments (eg, Lufton Manor, Pengwern Hall);

area and regional officers of MENCAP.

In practice this is not possible, so I concentrate on certain areas in order to give enough time to achieve placements. Unfortunately, this has resulted in Pathway being unable to act on any new referrals. However, the large number of referrals has underlined the need for an expansion of the Pathway Employment Service in Hampshire.

As the PEO, I am one of the few specialists in mental handicap who is actually working for a large percentage of the time in the non-handicapped community. I see my function as enabling the 'normal' working community to accept a mentally handicapped person. Despite the unemployment situation and the paramount demands of running any business, I have been delighted to find that many of the employers, supervisors and workers that I work with have large resources of empathy and talent that can be tapped. In dealing with employers and workers as individuals, I have on occasions been surprised by the extent of their concern and interest in their mentally handicapped colleague. As the client develops confidence and skills in a working world, they develop in maturity and general competence. Speaking as a former teacher of the mentally handicapped, I had acquired certain occupational prejudices of my own. It is refreshing to work with a support worker who is free of such preconceptions. The majority of my clients have little difficulty in undertaking the work tasks required of them. It is in the area of social skills at work that the greatest problems occur. This is why the groundwork with, and continued support of, those working with the clients is so vital.

The following are comments from people working with or supervising Pathway workers:

> "I am very pleased with her these days. She is doing well and I feel so happy and proud to be of help to her."

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"I have been delighted to see how he has developed in every way and is such a happy person now. It has been a privilege to be of help."

These comments illustrate the feeling of achievement experienced by people who have perhaps overcome the anxiety and concern that the term mental handicap provokes, and have been able to offer very real and practical help. The PEO has to seek out and help to develop these personal resources. This is the essence of any integration between the handicapped and non-handicapped.

Conclusion

Perhaps the best way to illustrate the working of the Pathway Employment Service is to offer some pen-pictures of clients. The essence of our Service is that it is a personal and individual one. In general terms, it is obviously 'a drop in the ocean' but we hope to maximise the development and growth to those clients we can help.

John

John is a 40 year old mentally handicapped man who has spent the majority of his life in a large hospital for the mentally handicapped. When referred to the PES he was attending an ATC and living in a hostel. He wanted a job and had worked for a short period previously but unfortunately had been made redundant. He was placed in open employment with a well-established packaging company together with another client from PES. In conjunction with the Personnel Manager, the PEO counselled and prepared the support worker who was to act as supervisor to these two new workers. Due to John's literacy problems, the support worker undertook the processing side of the task and John did the packaging. He had some difficulties due to his left-handedness but the support worker showed excellent teaching abilities in overcoming this with John, who has increased his skills and undertaken increasingly difficult tasks. Having a job with a good wage has enabled John to leave his hostel. He now lives as a lodger with a mature couple and is very much one of the family.

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He does regular overtime and has saved enough to buy himself the music centre he has long wanted. Those working with him have commented on his increasing confidence and, most important, his obvious delight in his present situation. The support worker has subsequently left in order to take up working with the mentally handicapped, having previously had no contact with this handicap.

Mary

Mary is a 29 year old mentally handicapped lady who had never worked and had always attended training centres. The manager of her centre was very keen to help Mary move away from the training centre but was well aware of her lack of confidence and the anxiety of her family. Mary is a caring and pleasant person who has always been helpful towards the more severely handicapped trainees. We decided to use this attribute in seeking employment for Mary. It was also felt that she would not cope in a large setting. Her mother needed support and encouragement from the PEO to enable Mary to take this step. Employment was found for Mary in a small old people's home where it was felt she could gain the support of a small group of staff and where her caring nature could be used to the full. She undertook part-time work as it was felt she would not cope with full-time work immediately. The training centre provided a part-time place for her. Mary not only benefitted from this support but it allowed the other trainees to hear of her experiences first-hand. Mary's tasks have expanded from domestic ones to helping the Assistant Matron in simple care tasks for the elderly residents. She is thought of highly by both the staff and residents at the home and to quote the manager of the training centre "she is walking ten feet high".

Ann

Ann is a 19 year old mentally handicapped girl who was attending a training centre and was resident in a hostel at the time of her referral to PES. She is an overweight

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and sullen looking girl who has very poor communication skills. She has had a very difficult upbringing, involving rejection by parents. This has proved to be a greater 'handicap' to her than any limit in intelligence. She also had a problem of 'stealing' which at this time appeared to be contained. She was placed as a domestic in a hospital and also as a canteen assistant in the same hospital. She was employed for eight months and presented many problems to the management at the hospital, where she stole from fellow workmates. This eventually resulted in her dismissal. The personnel and domestic departments were superb in the effort and care they took to help this young lady. However, it was felt that, when the stealing re-occurred, she needed to lose her job in order for her to appreciate the seriousness with which theft is regarded outside the protected worlds of training centre and hostel. I believed the basis of her stealing was not for financial gain, although it did seem that this had become habitual to some degree. Consequently, I referred her to a psychologist. The psychologist was of the opinion that some of the stealing resulted from Ann being angry with the person she stole from but being unable to communicate her feelings to that person. The aim of the sessions was to increase her ability to express herself. She developed very well. Her social worker commented on the change from a sullen and withdrawn person to a lively and talkative girl. The staff at the hostel have continued this programme with Ann and I have now referred her to a one-year MSC course. After this course, which contirues to work with Ann on social skills, I hope to re-place her in open employment.

Susan

Susan is 30 years old, partially sighted and attending a training centre. She lives with her family and has never worked outside the training centre. Her parents' main concern is her partial sight: she is in fact registered blind. It was felt Susan needed stepping stones away from

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the training centre so that she could try out a new situation but with support from the familiar one. She started a one-day-a-week work experience placement with a large retailing store which was tailor-made for her by the PEO and the staff manager. As her skills and confidence increased, so too have her days with the company. She is involved in the quite complex task of sorting and pricing clothes and has received training and support from both her fellow workers and management. This has given her the opportunity to aim for a more skilled occupation than otherwise she would have done. She is confident and happy at work and has taken a great pride in overcoming those tasks which her poor sight has made problematic. An illustration of the company's commitment is the personal help given by the staff manager to enable Ann to overcome some of these obstacles.

Reference

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MONITORING THE EFFECTIVENESS OF SERVICES FOR SEVERELY HANDICAPPED PEOPLE: IMPLICATIONS FOR MANAGERIAL AND PROFESSIONAL ACCOUNTABILITY

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For over a decade, the Health Care Evaluation Research Team has had the task of 'evaluating' alternative options for providing 'services' for people categorised as mentally handicapped and their relatives. We have also undertaken this task with respect to clients who are very old, in particular those categorised as 'mentally confused' or 'demented' and their relatives. We have recently become involved in a similar task in relation to people who have been diagnosed as 'terminally ill' with cancer and their relatives.

An approach to the evaluation of services for handicapped people

There are many ways in which people 'evaluate' services. Our approach involves developing and implementing defined components of a service option which are described in as much detail as possible, and are tested to be effective. The component procedures are regarded as 'effective' in so far as it is possible to observe and describe the extent of desired change in the behaviour of clients and their relatives which are demonstrated to occur as a result of receiving the service components. Given that there are existing traditional options (for example, in work on residential care for the mentally handicapped), we have attempted to compare the 'effectiveness' of the new option with that of existing or traditional options.

The component procedures are regarded as 'defined' or 'replicable' in so far as it is possible for the component parts of the service undertaken by the planners, managers, professionals, and direct-care staff to be described by the developer and implemented by other people.

In addition, we have attempted to describe the 'efficiency' of the new service options so tested by describing the financial costs to the agency of providing the option, and of producing the desired changes in clients and their relatives.(1) We have also attempted to compare the efficiency of the new and existing options by comparing their financial costs to the agencies with the extent of desired changes occurring among the clients and their relatives.(2a,b,c.)

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Evaluation criteria

Briefly, we assert that a service option is effective to the extent that it enables clients or their relatives to attain their outcomes which they desire for themselves, ie, to do desired activities that they would not have been able to do without having received the service. Conversely, we assert that a service option is ineffective or harmful to the extent that clients and their relatives who receive the service fail to attain their desired outcomes, or, in addition, stop - because of loss of opportunities or loss of functional consequences - doing the desired things that they were doing before they received the service, or begin to do things which they prefer not to do, and which they did not do before receiving the service.

The 'outcome' is the feature in the client or relative which the client and/or relative wishes to attain. The 'current performance' is the extent to which either:-

(a) the client or relative is already attaining this feature, or

(b) the client or relative is now doing something else which is disrupting their or other people's lives.

The 'intervention' constitutes all of the procedures carried out by service personnel in relation to the client and their relatives in order to help the client move from the 'current performance' (both (a) and (b)) to the 'outcome'. The effectiveness of a service option can be noted by relating the extent of progress made by clients and relatives from their current performance to their preferred outcomes when exposed to the many procedures (interventions) of service personnel which together constitute the service option.

We also assert that if the people concerned with delivering or receiving a service (clients, relatives, service personnel, politicians, the public or research workers) are to be able to consider and reach any sort of useful agreement on the 'effectiveness' of a service option, both the changes occurring among the clients or their relatives, and the components of the service option, must be unambiguous and clearly observable to all parties in ways which are straight-forward and 'make sense' to them.

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A simple illustration of outcomes and current performances is presented in Table 1. In answer to a simple question, a parent of a mentally handicapped boy of 12 listed the following 'outcomes' and 'current performances' for her son. The responses show the ease with which simple behavioural outcomes and current performances can be specified by a parent. They are clear and of a common-sense nature. It is often contested by professionals that clients and relatives cannot describe clear realistic outcomes, and that only professionals can do so for them. This is not our experience.

The Table shows that:-

the parent wanted her son to 'initiate and carry on a conversation';

currently he 'talked in monosyllables';

she wanted him to 'know when he had had enough to eat';

currently he 'was greedy at mealtimes';

she wanted him to 'wash his hands and face properly at mealtimes';

currently he 'sometimes washed his hands and face at mealtimes' and 'sometimes he came to meals with very dirty hands and face'.

In another case, a mother of a 3-year old boy with severe cerebral palsy wanted to develop his ability to hold his head up. If someone initially lifted his head, he was currently only managing to hold his head up consistently for periods as short as 1 second, and for longer periods (3 seconds) in only one out of 5 attempts. As a result, he could not respond to many of the interesting things that were going on in his minute-to-minute environment and thus was unlikely to learn new skills. As a next step (see Table 3) his mother and a domiciliary teacher stated that he would be able to hold his head up, when it was lifted for him, for 3 seconds on one out of every 3 occasions. As the child practised and attained new skill levels, further outcomes would be set so that he would be increasingly able to hold his head up consistently, and for longer durations.

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TABLE 1 AN ILLUSTRATIVE LIST OF 'OUTCOMES DESIRED' compared with 'CURRENT PERFORMANCES'

OUTCOMES	CURRENT PERFORMANCE (Deficit)	CURRENT PERFORMANCE (Excess)
John will initiate and carry on a conversation.	He now talks in monosyllables.	_____
John will know when he has had enough to eat.	_____	He is now greedy at mealtimes
John will wash his hands and face properly at mealtimes.	He now washes his hands and face at mealtimes only sometimes.	He now comes to meals with very dirty hands and face sometimes.

* This illustration is taken from the postal replies of a parent to a single question designed to elicit this information. The handicapped child is called John.

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Service evaluation in the context of scientific procedure

Those people who are familiar with the model used by scientists in conducting experiments will readily recognise the common rules of evaluating the relationship between intervention procedures and change. This model can also be used by service personnel to develop and implement effective and humane standards of practice.

The scientist calls the phenomenon he is attempting to change the dependent variable - equivalent to the specific client behaviour which the professionals' procedures are designed to change from the current level of performance to the outcome desired. The scientist calls the phenomena to be manipulated in the experiment (in order to change the dependent variable) the independent variables - equivalent to the staff procedures which constitute the service intervention. The experimental scientist notes the relationships (if any) between the changes in the dependent variable and his or her manipulations of the independent variable. The professional may note whether the clients or relatives attain their desired outcomes (and the level of change which that constitutes from the current performance). The professional may also note whether such change is dependent on the intervention procedures followed.

Categorisation of relevant client performances (the dependent variables)

There are likely to be many possible service options which agency personnel may follow when attempting to help clients and their relatives to attain their outcomes. Indeed, there is considerable debate between agency personnel and their expert advisers on the merits of one option over others.

In other publications we have referred to and illustrated that the current debate unnecessarily confuses and mystifies those taking part in it (planners, managers, professionals and direct-care staff) as well as those receiving the service options (the clients and their relatives). (3a,b,c.) We will return to the implications of clear descriptions of client outcomes and staff procedures for avoiding much of this confusion and mystification.

At this stage we will illustrate that, regardless of the variety of possible service options, there are only two main types of dependent

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variable (current performance - outcome performance) which are important for the client and the relative, and which should, therefore, be regarded as important by service personnel concerned to help clients and their relatives. In this illustration it is clear that these two dependent variables are easily observable and, therefore, measurable. Indeed, contrary to the view that science and technology are necessarily inhumane or that these methods are relevant to researchers but irrelevant to service personnel, we hope to demonstrate that only by following the precision required of applied science and technology can we hope to attain humane services which are effective, and which can be influenced by clients, their relatives, and by those of us who support the agencies which provide services by the taxes we pay towards them.

The first type of dependent variable, and much the most important, is the minute-to-minute behaviour of the client in the natural environment. We have already introduced examples of client behaviour in the natural environment, such as: 'he or she will speak in sentences' or 'will hold up his or her head for three seconds'. These behavioural outcomes can be easily described precisely and are, therefore, able to be observed and measured with a high degree of agreement between people. There is also a rapidly expanding literature that they are also easily changeable. We refer to these outcomes as 'outside the skin' outcomes.*

The second type of dependent variable which is both observable, measurable and changeable includes such anatomical features as bone, muscle, or skin shape and size, and such physiological features as heart rate, respiratory rate, and the levels of chemicals found in the blood. We refer to these outcomes as 'inside the skin'. Physiologists, anatomists and medical personnel trained in these disciplines can both measure these dependent variables, and manipulate the relevant independent variables to change them, (eg, set fractured bones, remove cataracts, close up holes-in-heart, release contractures of tendons, control convulsions and change chemical levels in the blood). Our ethical position on these is that such variables need only be changed where there is

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* Clients may wish to discuss or to change the things which they say to themselves 'privately', (eg, stories of their guilt, fears, anger or frustration or stories of their successes and hopes). However, these outcomes can only be shared to the extent that they also become public and observable.

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good evidence that changing them will also lead to useful changes in the clients' minute-to-minute behaviour, (eg, closing a hole in the heart should lead to greater activity in the client at greater comfort; similarly removal of cataracts should lead, in the near future, to greater client responsiveness to visual stimuli in the minute-to-minute environment and, therefore, to a wider range of new observable behaviours on the part of the client). On the other hand, interventions 'inside the skin' which lead to a diminution of client responsiveness are clearly, from this point of view, to be avoided.

While changes in the 'inside the skin' dependent variables often require interventions 'inside the skin', changes in minute-to-minute behaviour in the natural environment occur mainly in response to changes in the environment 'outside the skin'.

It will be seen that the possible range of interventions which can be undertaken in the natural environment in order to change the minute-to-minute behaviour of clients and their relatives is literally infinite. This is important because, while offering no supporting data, some authorities assert that, with certain clients (and indeed with clients' relatives), beneficial changes in behaviour (of any sort) cannot be obtained, no matter what changes occur in the clients' natural environment. (4a,b,c.)

In making these assertions these authorities are not responding to the very large and growing scientific literature relevant to all people, no matter how handicapped, demonstrating how specified changes in a person's natural environment can produce simple, but often dramatic, changes in that person's current performance. These experts derive a further serious implication from their assertions. This comprises the prediction that if profoundly and very severely handicapped clients are maintained in traditional facilities, which currently provide conspicuously poor natural environments, no negative effects will occur on their rate of skill acquisition. Ironically, these experts also claim that because traditional facilities are called 'hospitals', and are staffed with the designations of personnel normally to be found in hospitals, some unspecified 'benefit' to the clients and relatives will occur even though most traditional hospital environments are known to be poor and their staff are known currently to be unable to arrange the

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living environment effectively. (4a,b,c.) In these predictions it is also clear that they are not responding to commonsense observations of how all people - including the profoundly handicapped - respond to fairly obvious changes in their natural environments.

Changes in the person's natural environment may result in outcomes which improve the person's current performance, (ie, they are in the direction of their or their relatives' preferred outcomes). Alternatively, they may worsen the individual's current performance, (ie, move in a direction away from the preferred outcome, and in a direction which both client and relatives wish to avoid). It is, therefore, important to note the dangers of the ignorant and inconsistent assertion that some clients are unresponsive to the physical and social arrangements which constitute their natural environment. The dramatic errors which arise from this position can be summarised:

(a) clients are said not to be able to 'benefit' from living in carefully designed environments, or alternatively;

(b) that they 'benefit' equally in poorly arranged and barren environments as they do in well arranged and rich environments.

If we are to avoid making these errors, it is important for us to note the features of the natural environment which do affect the current performance of the individuals living in it, and to note that they are easily changeable.

Table 2 illustrates the types of independent variable which directly affect the minute-to-minute behaviour of individuals in the natural environment. They can usefully be categorised into:

(a) antecedents: those events in the individual's natural environment that precede the individual's performance;

(b) concurrents: those events in the individual's environment which are contemporaneous with the individual's performance; and

(c) consequences: those events in the individual's environment which follow the individual's performance.

Any person who claims that some characteristic of people called 'profoundly handicapped' somehow ensures that the minute-to-minute performance of the profoundly handicapped does not change (either

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TABLE 2 EXAMPLES OF THE DETAILED COMPONENTS OF THE MANIPULABLE INDEPENDENT VARIABLES 1 (CONDITIONS) WHICH AFFECT CHANGES IN THE DEPENDENT VARIABLES 1

CONDITIONS	ANTECEDENT	Arranging the setting - place - time of day - who is there Eliciting the attention of the client Instructing the client Presenting the available material
	CONCURRENT	Giving 'cues' to the client Prompting the client Modelling the activity for the client Using a material guide for the client eg, a template (form board, posting box, jig-saw puzzle, etc.)
	CONSEQUENT	'punishing' or 'fining' the client and/or 'rewarding' or 'relieving' the client contingent on specific performances by the client

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improve or worsen) under different environmental conditions, must demonstrate that their minute-to-minute performance is constant regardless of the changes in the antecedent, concurrent and consequent events to which they are exposed.

Among antecedent events we can change the setting (some people do things in one setting but not in another), the time of the day (some people do things in the morning and not in the evening), who is there (some people will emit behaviours when familiar people are present and not when they are absent). Of extreme importance is what the other people present do in relation to the client - the ways in which the individual's attention is gained, the manner in which instructions are given, the way that materials are presented to the individual, and which materials are selected to be made available to the individual.

Among concurrent events are a variety of ways in which other people can help an individual to carry out a particular performance. We can prompt individuals verbally, (eg, we can sing a song together with the individual and leave out the occasional word for them to complete). We can guide an individual by giving additional instructions. Or we can prompt or guide physically, (eg, we can hold the individual's hand when they are lifting an object, or support an individual's elbow when they are walking). We can also provide physical materials which guide the individual's performance, (eg, a template to guide the point of a pencil as a shape is traced). All of these ways of supporting an individual's performance can be varied in degree from extensive to slight. These concurrent events can be changed purposefully as an individual progresses toward the desired outcome.

Finally, we can change the consequences of the performance, (eg, we can follow the performance with positive punishment like a loud shout, a smack or another painful stimulus; we can 'fine' the individual or remove some precious object; we can 'reward' the individual or present some preferred thing - praise, hugs, cuddles, smiles, eye-contact, waves, or more tangible things like food or drink; finally, we can follow the performance by removing the individual from an unpleasant situation, eg, stop shouting, or cease an individual's isolation from rewarding events. The result of following an individual's performance by 'punishment' or 'fine'

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is the observation that the individual will be less likely to emit the performance in like situations in the future. The result of following individual performance by 'reward' or 'relief' is the observation that the individual will be more likely to emit the performance in like situations in the future.

That these changes in the conditions surrounding an individual's performance are important is surely recognised by most people. Indeed these practices are followed by most people in their daily lives. Teachers have always arranged antecedents, concurrents and consequences purposefully in producing the educational environments of their pupils.

There are two reasons for paying great attention to these phenomena at present. First, there have been major advances in the technology of designing environments which enable the client to maintain existing skills, to acquire new skills, and to subsequently maintain new and existing skills. These advances can now be applied and replicated with great precision. They can also be applied as a guide when attempting to identify with precision the current deficits in existing environments before attempting to improve them.

Second, despite these advances, authorities continue to recommend the transfer of individuals from environments which offer a wide range of opportunities in which they can acquire and practise socially useful skills, to more restrictive environments which offer fewer such opportunities to acquire and maintain a wide range of socially acceptable skills. They justify their recommendations by claims that the clients' performance is not affected by these environmental differences. They also recommend the setting up of so-called 'specialist units' for segregating groups of these clients from other people without specifying how these units will differ in the antecedents, concurrents and consequences presented to the clients by staff, clients, or by their relatives, and without specifying how the rate at which clients attain desired outcomes will differ. (5a,b.)

In summary, it is clear that the key outcomes for handicapped clients receiving a 'service' are observable changes in their minute-to-minute behaviour in their natural environments. It is also clear that there are an infinite number of ways or options by which agency

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personnel can change the clients' behaviour - for better or worse; these involve changing, in subtle but observable ways, aspects of the antecedents, the concurrents, and the consequences of the handicapped person's behaviour - ie, changing the 'conditions' under which the client's behaviour takes place.

It is also clear, in service settings outside the client's family home, that these conditions are largely determined - for better or worse - by the observable performances - intended and unintended - of the agency personnel concerned. These include the planners of the service option, the managers of the service, the professionals who interact with clients, the people-in-charge of residential or day facilities (environments for groups of clients), and the front-line direct-care staff who interact with clients in these settings. Within the client's family home these conditions are largely determined by the parents and other relatives but, in so far as the client and relatives receive benefit from the service, also by the professionals who interact with the client and their relatives. The major task of agency personnel is therefore to perform in ways explicitly intended to create and maintain minute-to-minute environments for handicapped clients which, in turn, create and maintain effective and acceptable behaviour of the handicapped clients.

Table 3 lists the performances of clients in any setting - residential or day - which will be observed to take place when that environment can be said to be provided effectively by the activities of the agency personnel concerned. First, for short periods of their waking day (say up to 30 minutes of the total of approximately sixteen hours) clients will follow specific interventions designed by staff in order that the client will learn new skills which have been agreed as relevant by the client or the client's relatives or advocated, (eg, to talk in sentences, to undress on his own at the swimming baths, to hold up his or her head for 3 seconds). Currently we find that such individual programmes are being set for only a minority of clients in any setting. However, if such individual programmes are being set and implemented, they will be clearly observable from the individual client's record maintained by the service personnel.(1)

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TABLE 3 KEY PERFORMANCES OF CLIENTS

Time Period During the waking day	Performances
Short periods during the day	1. CLIENTS • will follow specific individual programmes. These are designed to attain new specific outcomes agreed as relevant to their current problems.
'Routines'	2. CLIENTS • will engage in activities eg, self-help - getting up, using the toilet, eating, and/or going to bed.* chores - bed-making, cleaning, tidying, laundry, cooking, etc.* These are designed in order that the client may practise existing and new skills.
'Free-time'	3. CLIENTS • will engage in recreational activities involving people and/or materials.* These are designed in order that the client may initiate and elaborate as well as practise existing and new skills.
Very short periods of the day.	4. CLIENTS • will follow specific individual physiological programmes eg, take drugs - orally or by injection. These are designed to correct the specific physiological variables. The correction of the physiological variables must be related to the client's attaining outcomes in 1,2,3.

* These activities are incompatible with inappropriate behaviours and 'enforced' idleness leading to loss of appropriate skills.

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Table 4 shows the basic components of an individual record. This example is taken from many programmes set by visiting home teachers for pre-school developmentally handicapped children who live at home in Central and North Hampshire. The programmes are carried out and the record is completed daily by the children's mothers or fathers in their own home. A detailed report has been published on this project.

The basic components of the record comprise:-

1. (a) the behavioural outcome to be attained by the client at the end of a week.

   (b) the current performance level of the client at the beginning of the week - frequently referred to as the 'baseline' level of performance. This can be seen in the first column on the graph.

2. The intervention:

   (a) the directions to be followed by the parent in teaching the client the new skill. These include the detailed specification of:-

      (1) antecedents: the setting, who is there, the materials to be arranged, the way in which the clients' attention is to be attracted, and the instructions to be given.

      (2) concurrents: any cues, verbal or physical prompts to be given to the client, or any 'template' materials to be used by the client during the performance of the task.

      (3) consequences: what to do if the client performs successfully, (ie, the form of praise or reward); and
      what to do if the client is unsuccessful (this comprises what is called the 'correction procedure'. It involves giving the client additional help to carry out the required outcome performance correctly, and providing positive feedback when the client does so).

   (b) the directions to be followed by the parent or relative in completing the record to show both that the intervention has been carried out, and the response of the client - either successful only with the degree of help specified in the antecedents or concurrents, or with the additional help specified in the correction procedure.

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TABLE 4 AN ILLUSTRATION OF A RECORD SHOWING THAT AN OBJECTIVE HAS BEEN SET AND ATTAINED FOR AN INDIVIDUAL CHILD FOLLOWING A JOINT INTERVENTION BY A HOME TEACHER AND THE CHILD' MOTHER

PORTAGE PROJECT

CHECKLIST NUMBER M 14

Child's Name Andrew

Home Teacher's Name Lynn

Week of 15th November

Week No. 28 AC/ No. 50

ATT 1

NA

MA

O/G

ACTIVITY CHART

BEHAVIOUR
Andrew will hold his head up for 3 seconds. (3)

3 trials

CRITERIA 1/3

NUMBER OF: times Andrew holds his head up for 3 seconds (2)

(1)

Didn't do any today very miserable

M T W Th. F S S M

Days

DIRECTIONS:

Have Andrew sitting on your knee, hold him with your right arm, use your left hand to gently but firmly push Andrew's head into an upright position (place your hand on his forehead). Let go. If Andrew holds his head up for 3 seconds give him lots of praise, if he doesn't, push his head up again and hold it there for five seconds.

Hand on forehead →

As you do this say up.

Record with a ✓ if Andrew holds his head up for 3 seconds. Record (✓) if he doesn't.

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3. The third component of the record is the graph which shows the changes, if any, in the performance of the client which result from the teaching intervention. From the data in the graph the observer can note the relationship between the intervention and the attainment of desired outcomes by the client.

This particular system for recording individual programmes for clients and their effectiveness is part of the Portage Guide to Early Education. It is named after a small town in Wisconsin, U.S.A., where, over a period of 12 years, the system was developed and tested in order that it could be replicated by other elsewhere. (6a,b.) However, the record system, in our view, shows clearly the three components which anybody claiming to be designing and implementing individual programmes for clients must be able to specify and produce records that they have been attended to. We assert that claims by professionals that they are designing and implementing individual programmes, without having to make written plans and record outcomes, must be regarded very critically.

We have found that many professionals make such claims but that the only record of any activity is that there is a completed developmental checklist for an individual client on which items 'passed' by the client have been checked off. We consider that this activity alone must also be treated critically. To be sure, the completion of such a checklist may be a useful preliminary activity, in other words it may guide the professional or the relative in the choice of items for which specific programmes will be designed and implemented for a particular client. The items initially checked as 'passed' on the checklist may also be a useful indication of the strengths in the clients' current behavioural repertoire. In addition, new items passed over time may constitute a crude indication of 'progress' made by the client.

However, changes may not necessarily reflect the effectiveness of the specific skill-building procedures implemented by service personnel. Only a proportion of items on the checklist will be learned through specific programmes. Many will be attained 'serendipitously' by the client, that's to say, without being formally taught.

In actually designing and implementing individual programmes for handicapped clients, any item on any checklist may have to be broken

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down into much smaller steps; each of these steps constitutes a specific behavioural objective (or outcome). The client will have to attain all of the smaller steps before he or she is able to do the behaviour on the checklist, and thereby be scored as having 'passed' the particular item. Detailed attention must be given to changing antecedent, concurrent and consequent conditions to help the client progress through the series of steps toward the terminal objective. If people other than the person setting the programme are to implement the programme, subtle changes in the directions must be clearly written down, and the results must be recorded in order to inform the setting of the next step.

However, even if the professional setting the programme also carried it out, we believe that professionals who work over time with many clients will require to keep written records of the subtle changes in client programmes. These records are very different to those which contain periodic notes that client scores on developmental checklists have changed.

The quality of the group environment

Serendipitous learning arises from the opportunities presented to the client to acquire new skills and to practise and develop them as he or she interacts with the minute-to-minute environment throughout the waking day.

The second item in Table 3 describes what the client will be observed doing in the remaining periods of the day, (ie, the periods which do not involve individual programmes) when the client's environment can be said to be provided effectively by the activities of the agency personnel concerned with the client.

Important advances made in recent years provide useful ways of describing objectively and of actually influencing what is often referred to, from the client's point of view, as the 'quality of life', and, from the agency personnel's point of view, as the 'quality of care'. (7a,b.) It will be shown that it is possible to design living environments to optimise the client's 'incidental learning', and to maintain his or her current effective behavioural repertoire. The methods

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employed involve detailed study of the client's observable minute-to-minute behaviour throughout the waking day, in relation to the observable antecedent, concurrent and consequent events in the environment. Where service options conspicuously involve agency personnel in arranging living environments for handicapped clients - such as in the provision of residential or day care - we suggest that this method of measurement gives a rational way for the development and testing of effective agency personnel procedures.

The importance of paying attention to what clients do throughout the day arises for two reasons. First, because of current skill deficits among agency personnel, individual programmes of the sort described above are at present being provided for only a minority of clients in any setting - agency settings or domiciliary settings. Second it is clearly pointless to teach clients to perform new skills if the environmental conditions under which they live during the day do not allow the clients opportunities to practise, and therefore to maintain, these new skills. There is in fact increasing evidence that many current residential environments actually deprive the client of opportunities to practise their existing useful behavioural repertoire - this includes skills in which the client was competent upon admission. Current residential environments may also deprive the client of opportunities to practise new skills which may have been taught under specific conditions, (eg, at school, at occupational therapy or physiotherapy departments, which the client may attend only for short periods of the day). In addition, residential environments may actually be providing opportunities for the development and maintenance of highly inappropriate skills which render clients unacceptable in their own homes or in less restrictive environments outside of 'specialist' facilities. (3a.)

'Routine' and 'Free-time' activities

The time in which the clients are not engaged in following individual programmes can usefully be categorised under two headings - 'routines' and 'free-time'. In an effective environment, during the time when daily routines occur, (eg, getting-up, going to the toilet, mealtimes, etc.)

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clients will be seen participating (either doing the activity for themselves, or doing it with help) in dressing, undressing, using the toilet, eating, washing). In addition, they will be observed participating in preparing and clearing away the materials required for these activities - the routine 'chores' of daily living. (eg, cleaning, tidying, laundry, cooking, laying tables). Routine activities for some clients may also take the form of regular 'work'.

During periods called 'free-time', clients will be observed participating in activities of their choice. During 'routines' and 'free-time', clients will be practising skills and behaviours within their existing repertoires. They may also be elaborating on these. This is sometimes referred to as 'incidental learning'. Moreover, during these periods (which collectively constitute the major part of the waking day), if clients are observed performing as described above, they will not be observed to be doing any of the following things which are generally regarded as 'bad', (eg, behaving 'inappropriately (rocking, wandering aimlessly, sitting or lying passively doing nothing - 'enforced idleness')).* In doing so, clients will be undertaking activities which are likely to result in their losing existing useful and effective skills.

Where clients are observed to be actively participating during 'routines' and in 'free-time', it can be concluded that agency personnel are carrying out relevant procedures for the clients concerned, (ie, they are structuring antecedents, concurrents and consequences in relation to the clients' behaviour). The extent of participation by the clients in an environment can, thus, be seen as a measure to check how well staff have been assigned to carry out their duties, how well they have been instructed and counselled, and how well staff are actively carrying out their jobs.

The extent of client participation in activity can be easily observed and good agreement can be obtained between observers. What staff do in terms of arranging antecedents, (eg, preparing materials for clients to use), concurrents, (eg, giving verbal encouragement or

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* The term 'enforced' is generally applied where people actively discourage behaviour. In the present context we use the term to include behaviour which results from neglect, ie, from failure to structure antecedents, concurrents and consequences which may elicit relevant behaviours.

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physical prompts), or consequences, (eg. arranging for a client to do some specially desired activity to follow one that is less desired) is also eminently observable.

In our experience, staff, relatives and others concerned with the care of clients agree that data on client participation in activity and on staff-performance, appear to constitute a useful and 'common-sense' way of reflecting outcomes to be attained by staff and clients. The extent to which these outcomes are currently being attained is a useful way of describing the 'strengths' of any existing service. In addition, it appears that such data are also helpful to agency personnel in enabling them to act more effectively and to change conditions for the better. There is no mystery attached to collecting and responding to data noted on staff and client performances, and to the relationships observed between the clients' behaviour and the activities of staff. We have found that professionals from all disciplines, relatives of clients, and clients (if they can respond verbally) can respond equally to the measures.

The methods for observing these phenomena can best be illustrated from a sequence of 'routines' and 'free-time' activities which has been filmed or recorded in still photographs. In the absence of these types of data, the phenomena will be illustrated by a few vignettes of client life in familiar settings.

Example 1. 'Routine'

A middle aged man is getting up in the morning in his bedroom in a locally-based hospital unit for severely and profoundly retarded adults. He is unable to talk at all and is able to walk only with a walking aid and with considerable help from other adults. He is continent.

He can be observed, while dressing, to be pulling up his trousers and securing them in position. The observer notes his eyes following his hands as they reach for the trousers and pull them up. The whole process of dressing himself takes him 45 minutes - a period in which any observer would note him actively affecting his own minute-to-minute environment, and doing so very appropriately and effectively. Observers will also note antecedents arranged by agency staff: his individualised clothes (the materials) have been arranged in a set of accessible drawers

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in his bedroom or set out for him on a chair by his bed. The chair has been provided near his bed so that he can help himself get out of bed and so that he can support himself while standing up to pull his trousers up. A walking aid stands nearby so that he can grip it while stretching for objects not in his immediate reach. The scheduling of the dressing and eating routines in the living unit has been arranged so that there are agreeable consequences for his efforts - he can immediately move on to have breakfast after having spent 45 minutes on dressing. In the dining room he can join his peers who have started breakfast earlier.

During the period of dressing, in a facility which provides 'high quality care', an observer would have noted front-line direct-care staff, after first knocking at his door and waiting, enter the bedroom at infrequent intervals. Having entered the room, the direct-care staff member would be observed to praise or in some positive manner celebrate the continuing success of the client and, if the client were having particular difficulties, to offer a clear but brief verbal or physical prompt to enable him to complete the task without undue errors. The staff member may also prepare materials which the client is going to require later in a way which enables him to carry out the activity for himself.

We can reasonably speculate on and, if necessary, test whether these conditions affect the client's performance. For example, we predict that these appropriate client activities would not have been observed if the planners and managers had designed the unit so that clothes had been stored in a central clothing store, inaccessible to the client, if managers had provided no chair or walking aid for him to hold on to, or if the person-in-charge had scheduled dressing and eating routines in a manner that required the client to join his peers to eat breakfast only 20 minutes after starting to dress. Under these conditions a member of staff might have had to dress him and to take him hurriedly to breakfast; it is not unreasonable to speculate that the member of staff would have found no active responses of the client to praise, but only client errors to complain about - most client responses would have been passive, ie, responses to physical movements by the staff member - most staff instructions would have been instructions

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for client activity to help the staff member to dress the client more quickly.

Example 2. 'Routine'

A young girl who is blind and, at the time, was non-ambulant, incontinent and categorised as severely behaviour disordered because of her high frequency screaming, is having her hair brushed by a member of the direct-care staff in the bathroom which was provided and fitted by planners of a locally-based hospital unit for children. The direction of the child's head shows that she is interacting socially with the member of staff - she is blind and cannot therefore 'look' at the staff member. Important features seen in the background are the detailed arrangements of individual toilet materials provided by planners of the unit. We speculate that the presence of these features enables the direct-care staff to carry out their tasks effectively.

Example 3. 'Routine'

The child is ambulant, non-speaking, doubly incontinent and categorised as severely behaviour disordered - he puts inedible objects in his mouth and eats them (he is said to have eaten half the linoleum from the floor of a 26-bed dormitory of a traditional hospital villa); he bites himself and other children and he is reputed to steal food from other children. In this example he is seen sitting at the table at breakfast. He is lifting the spoon from his plate to his mouth. He is not stealing the food from the plate of his neighbour. The relevant materials for eating have been set out in front of him by direct-care staff who follow the person-in-charge's schedule of activities.

In a traditional hospital setting where the person-in-charge has to have the children seated waiting without food at the table until porters bring the heated trolleys from the central kitchen, the child was tied to his chair by direct-care staff to prevent him from wandering away from the table or from stealing other people's food between courses. He was also fed by the direct-care staff.

Example 4. 'Routine'

A young woman is seated at the dining room table in a locally-based hospital unit for severely handicapped adults. Despite the fact that

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food and such materials as knives and forks have been arranged in front of her, she is ambulant, severely incontinent, has no expressive verbal behaviour and is categorised as severely behaviour disordered, she is not looking at the food or materials nor are her hands touching these materials. The person-in-charge standing at her side appears to be giving her drugs - possibly tranquillisers (a form of chemical restraint). He has already strapped her into her chair (a form of mechanical restraint). This picture illustrates that with some individual clients, so limited are their current behavioural repertoires that specially ingenious alterations in antecedents, concurrents and consequences are necessary to elicit the clients' active participation within their relevant environment. It also illustrates that, where the client's active participation is not elicited and in the absence of staff to elicit it, staff must resort, currently, to other forms of less acceptable control.

Example 5. 'Free-time'

Two children of school age are sitting on the floor of the 'posh' playroom provided by planners and carpeted by managers in a locally-based hospital unit for children. The one who is incontinent of urine and able to walk only a few steps unaided is waiting to go to school when the bus arrives - the other, who is doubly incontinent and non-ambulant, will stay 'at home' as she is not acceptable to the school staff. Neither has much expressive verbal behaviour. Despite the fact that this is a 'waiting-time', both children are actively involved in a joint social (play) activity. The least able child is drinking from a baby's bottle which she is holding. The other child is joining in holding up the bottle. Both children are actively looking at the bottle. The person-in-charge is sitting next to the children, and one child is leaning against the person-in-charge's leg. The person-in-charge's routine enables her to wait in this way with the children and provide appropriate materials for the children in the interim period.

Example 6. 'Free-time'

A very severely handicapped child, unable to walk, doubly incontinent and without any language, is sitting propped on a cushion in the 'messy' playroom provided by planners in a locally-based hospital unit.

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The person-in-charge is presenting him with a bowl of sand and the child is looking at his hand which he has stretched out toward the sand in the bowl being presented to him.

Despite the fact that he has spastic quadriplegia and was one of the most heavily handicapped children we have encountered, it is clear that the child is actively engaged. It appears that, given the severe limitations in his current behavioural repertoire (he is unable to hold his own body upright, or to bend over and play with sand in an ordinary sandpit on his own), he is clearly engaged in activities similar to those enjoyed by children with much wider behavioural repertoires because:

(a) staff have specially selected and arranged materials for him;

(b) the person-in-charge of the unit has allocated one member of staff to present antecedent, concurrent and consequent events which set the occasion for, and which maintain, the behaviours he emits; and

(c) the physiotherapist allocated to the unit was able, very quickly and easily, to teach the direct-care staff working on the unit to implement specific procedures designed to drain the excess secretions which accumulated in his lungs as a consequence of the weakness of his respiratory musculature.

Without the last of these three components, we speculate that it might have been necessary to transfer this child out of this living unit, designed to maintain and develop the child's behaviours in his minute-to-minute natural environment - 'domestic' in character and supplied with a wide range of recreational materials and a high number of staff whose primary skills relate to arranging stimulating environments and to building the skills of individual children. He would then have been maintained in an environment specially staffed by personnel whose primary skills were related to physiological interventions, such as procedures to drain his lungs.

Example 7. 'Free-time'

A young lady who has spent a long period in a traditional hospital in a spinal carriage, because of a long-standing physical defect which has not been corrected, lies in her spinal carriage in the lounge of the

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locally-based hospital unit for very severely handicapped adults. She is continent, although unable to speak and is socially very responsive. She is looking around her but her hands are unoccupied. This vignette illustrates the vulnerability of physically handicapped people, even those with extensive social repertoires, to 'enforced' idleness. This can arise even in living units which have been designed and set up by planners and managers to provide optimal quality of care to the residents.

Example 8. 'Free-time'

An adult ward of a traditional hospital for mentally handicapped people has been recently 'upgraded'. The new colourful lino on the floor, the bright curtains on the windows and the comfortable and pleasantly designed armchairs provided by planners and managers in the day-room, all contrast conspicuously with the dingy colours, lack of curtains and 'institutional' type furnishing which characterised the physical environment before the 'upgrading' took place. The picture was taken by an architect justifiably proud of his effort to transform the ward.

However, close attention to the 6 clients also visible in the picture shows that none of them is holding, let alone using, any material (toy or piece of equipment). Nor is any client looking at or facing his or her head in the direction of the two members of staff present or towards any other client in the room. Moreover, there are no materials (toys, books, large pieces of equipment, etc.) accessible to the sitting clients. The clients' eyes are, therefore, not focussed on any part of their social or manipulable physical environment. Thus, at the time of this vignette, 6 of the 6 clients present (100%) are 'disengaged'.

The last vignette, together with the others, illustrate several points:

First: different observers from a wide range of professional or non-professional backgrounds and with widely diverging skills, can easily and reliably distinguish clients who are actively following routines or initiating responses, (ie, actively engaged) from those who are behaving disruptively or under conditions of 'enforced' idleness, (ie, 'disengaged') - it is also clear that 'engagement' or 'disengagement' are mutually exclusive behaviours.

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Second: this 'commonsense' distinction can be made even if the clients concerned have very different behavioural repertoires, are of very different ages, have been given very different diagnostic labels, or have serious organic (anatomical and physiological) problems.

Third: in all cases, it is possible to identify at least some conspicuous features in their natural environment which appear to be affecting whether clients 'actively engage' or whether they are 'disengaged', and which seem to be easily manipulable. These features may be antecedents, concurrents or consequences of the clients' engaged or disengaged behaviour. Some examples which we have seen in the vignettes are whether planners have designed the environment in certain ways, whether materials have been made available by managers or direct-care staff, whether the direct-care staff who are allocated by managers and the person-in-charge contact and interact with clients, and whether the person-in-charge has scheduled activities in different areas of a living unit (zones) in a way which allows 'engagement' to occur.

Fourth: it is fairly easy to count at intervals throughout the day, reliably, and therefore objectively, the number of clients actively engaged in any particular zone, and the total number of clients who are in that zone at that time.

Fifth: it is possible to note in any environment that the design of the environment by the planners is only one factor influencing the engagement level of the client - ie, that, regardless of the physical design of the building, there are many other ways of increasing or decreasing antecedent, concurrent and consequent conditions for clients in their environment.

Implications

We have presented evidence that it is now technically possible, under some conditions, for planners, managers, professionals and direct-care staff from the health, education and social services agencies, as well as clients' relatives or clients themselves, to specify and observe whether they attain both individual and group outcomes relevant to clients and their relatives. We have also described types of simple intervention, with examples, that can be pursued in order to attain these outcomes.

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These can be accurately described and relatively cheaply implemented in any setting within a short period of time, by changing fairly obvious antecedent, concurrent or consequent conditions. Finally, we have described briefly ways in which client outcomes can be observed and measured. It is thus technically possible for agency staff who work directly with clients and their relatives to describe their interventions and to demonstrate whether their interventions are successful or not in attaining relevant outcomes. Upon the basis of this account the planners of the service, the service managers, the consumers of the service, and the consumers' representatives can reach agreement on the effectiveness of the present implementation of service options.

These technical advances have some major implications and in the remaining section of this paper we will discuss these.

Implication 1: Our current opportunities to change the effectiveness of services to individual clients and their relatives - improve or worsen it - by aiming relatively simple interventions directly at the attainment of client outcomes.

However 'bad' or 'good' the current state of a service now is, there must be times of the day or particular settings in which the client outcomes attained are better or worse than at other times, or in other settings. Given this, the task of those concerned with the improvement and development of standards of care can, therefore, be seen to have four components:

(1) regardless of the setting, or the current behavioural repertoire of the clients, we must identify the current strengths of service arrangements in observable, measurable terms, ie, we must distinguish what service arrangements have been made at the times when the attainment of client outcomes is demonstrated to be 'good' from those made at the times when the attainment of client outcomes is demonstrated to be 'bad';

(2) we must set attainable outcomes which are observable and measurable;

(3) we must devise and implement interventions to attain these outcomes by paying detailed attention to the antecedent, concurrent and consequent conditions in the client's environment; important indicators will arise from the first component; and

(4) we must respond to data on whether, and the extent to which, we are successfully implementing the intervention,

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and whether thereby we are attaining the outcomes which have been specified.

Implication 2: (a) Our current ability to 'explain' or rationalise ineffective service interventions to individual clients and their relatives by ascribing them to negative attributes (often unobservable and/or unchangeable) of individual clients, their relatives, or of individual direct-care staff.

(b) Our current practice of designing complex and expensive interventions to overcome the 'problems' so rationalised.

Rather than direct effort to carry out the four components above, many people currently follow practices which are incompatible with the above procedures. These appear to be expensive in effort, time and money, to be ineffective in attaining client and relative outcomes, and to generate unnecessary conflict and mystification among the agency personnel and consumers concerned. Examples of these practices which often lead to interventions unrelated to client outcomes include:

(1) describing 'poor' or 'high' quality care impressionistically, ie, without specifying who does what to whom under what conditions, (eg, 'the atmosphere was homely' or 'the living unit was static'); (11a,b.)

(2) explaining behavioural excesses and deficits of the client by reference to some internal unobservable characteristic of the client (which is, in fact, inferred from a small sample of the client's observable behaviour repertoire, eg, clients rock, smear faeces, wander around aimlessly, disrupt or injure other clients because they are profoundly subnormal, or Grade III or IV or 'low grade', 'aggressive', or 'disturbed' or 'overactive' or 'autistic', or 'blind', or 'deaf'); (4b.)

(3) explaining behavioural strengths of the client by reference to some internal unobservable characteristic of the client (which is, in fact, inferred from a small sample of the client's observable behavioural repertoire), eg, clients interact well with materials, clients feed, wash and dress themselves because they are 'high grade', Grade I or II, psychiatrically 'normal'; (12)

(4) explaining 'poor' and 'good' staff performance by reference to similar unobservable attributes of the staff, eg, the staff are 'trained', 'qualified', 'have high morale', 'have good attitudes', 'are highly motivated' - alternatively they are 'untrained', 'unqualified',

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'have poor morale', 'have bad attitudes' or 'completely lack motivation'; (13a,b.) and

(5) attributing 'poor' and 'good' staff performance or client performance solely without supporting data to a particular feature of the physical environment, (eg, the design of the toilets or the bedrooms) or to some abstraction called 'over-crowding'; (14a,b.)

The interventions which result from these 'explanations' are almost always expensive and time-consuming. They include asserting ways of classifying clients into ill-defined and, often, not mutually exclusive categories; asserting specialisms of staff who are claimed, without supporting data, to have certain ill-defined skills; and developing ill-described specialist facilities which are claimed to be staffed with personnel possessing similarly ill-defined specialist skills and which, it is claimed, are designed uniquely for clients who share ill-described special characteristics. If these interventions are pursued, they generally involve serious disruption for the clients and relatives concerned as clients are transferred to so-called special units, loss of existing facilities as they are "up-graded", and the provision of additional expensive buildings and training programmes with unspecified behavioural objectives for those trained. Moreover, because they are unrelated to any clear client or relative outcomes, and because no data are collected on the current performance of the client and relatives in relation to <u>any</u> desired outcomes <u>before</u> the intervention takes place, no evidence is or can ever be produced as to whether clients or relatives attained relevant outcomes more or less effectively <u>after</u> the special intervention has taken place. Because no data are collected on direct-care staff or professional practices <u>before</u> the interventions take place, there can be no evidence that practices of professionals or direct-care staff have changed as a result of the interventions.

Indeed, despite the evidence that certain, very obvious, staff practices are currently leading to poor outcomes for clients and relatives, interventions which arise from these pseudo-explanations characteristically do nothing to alter the continuation and repetition of these poor practices in the new specialist setting. An example of such an intervention is the transfer of clients from a less specialised unit to another more specialised unit without the prior setting of

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outcomes for the clients - either specific skill building or participation in day-by-day activities to maintain existing skills.

The rationale put forward for this type of intervention seems to be as follows. The current poor quality of care is said to be due to the presence on the living unit of clients who, unlike any other living organisms, are alleged not to respond to changes in antecedent, concurrent and consequent conditions in their environments. An appropriate intervention is therefore to remove them from the current environment where problems are arising to another environment.

The prediction in relation to the 'poor' unit appears to be made that, for some mysterious reason, (a) managers, who are not currently allocating staff or materials to the living unit; (b) persons-in-charge, who are not currently sequencing relevant staff or client activities within the living unit, arranging staff appropriately, maintaining staff performance and monitoring materials appropriately within the living unit; and (c) professionals who are not currently setting individual outcomes for clients with clients' relatives or with other professionals, who are not currently designing interventions to attain the outcomes, or who are not currently maintaining individual records will, once these non-responsive clients are removed from the current environment, begin carrying out all of these performances. (4c,13b,15.)

Clients selected to be so transferred are typically profoundly handicapped clients with very small appropriate behavioural repertoires and with a greater repertoire of inappropriate behaviour, or clients who share the single common feature of visual or auditory defect. They may also share the fact that they are, at the time, neither following individual programmes nor engaging in desired activity during the day. For these categories of clients, their transfer from their current environment is often justified by a stated need, on their part, for 'specialist' services. Indeed, professionals who subscribe to this so-called 'explanation' of 'poor' or 'high' quality care, advocate the provision of so-called 'specialist' units for specific categories of clients.

We assume that this advocacy is based on the prediction that these clients will dramatically begin following individual programmes agreed with themselves and/or their relatives, and will start engaging actively

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during the day, after simply being removed from environments shared with clients with wider ranges of appropriate behavioural repertoire, or with clients with adequate visual or auditory function, and after simply being transferred in to segregated 'specialist' units for 'physically handicapped', 'disturbed', or 'blind and/or deaf' people. To our knowledge, this prediction is made without any evidence that client outcomes will change, and without any detailed description of the effective procedures to be followed by staff in the 'specialist' units for 'physically handicapped', 'disturbed', or 'blind and/or deaf' people. (5a,b.)

In the absence of direction attention to the four components of the task of improving and developing standards of care for all clients, we cannot see that there is any basis to predict that the quality of staff performance and the rate of attaining client outcomes will improve either in the facility from which difficult clients have been transferred, or in the 'specialist' facility(ies) to which these 'difficult' clients have been transferred. However, if attention were given to the four components in order to resolve problems, we cannot see that the original case for the transfer of clients and for the setting-up of 'specialist' unit to receive them is still relevant.

Implication 3: Assertions that clients or their relatives are unable or less able than professionals to state explicit non-trivial outcomes which they desire, and which professionals acting effectively must help them to attain.

It is our experience that the suggestions that the statement of relevant non-trivial client and relative outcomes may usefully be considered the province of the client and relative, and that clients and relatives can specify these in ways which are observable and measurable are often criticised on the basis that:

(1) most, if not all, relevant, non-trivial client and relative outcomes can not be specified in ways which render them observable and measurable, ie, if such a degree of specification is attained, the stated outcome will necessarily be trivial;

(2) clients and relatives are said to be insufficiently articulate to specify their own outcomes in this way, and, on this basis, more articulate professionals and agency staff are said to be required; it is also

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predicted that the professionals will, and must necessarily, impose their professionally-defined outcomes on clients and their relatives;

(3) the current degree of control exercised by professional and agency staff over clients and relatives is already said to be excessive. Thus, the current lack of effectiveness of agency interventions, and the current conflict which arises when professionals recommend conflicting interventions without observable client outcomes, is said to constitute the best available safeguard against even more extensive and effective agency control over clients and their relatives which might follow a behaviourally-orientated approach; and

(4) it is predicted that the professionals and agency staff who encourage clients and relatives to state their outcomes, will necessarily elicit 'bad' outcomes - eg, it is predicted that clients or relatives will necessarily choose outcomes which are, in the view of the professional, irresponsible, unethical, unattainable or if responsible, ethical and attainable, will require new and impossibly expensive interventions by planners, managers, professionals and direct-care staff. (For example, it is said that professionals must help clients and their relatives to "accept" the handicap because clients and/or their relatives without such help do not "accept" the handicap but, instead, have "unrealistic expectations").

Available evidence appears not to support the above propositions. On the basis of our experience and that documented by others, it appears that:

(1) clients and/or their relatives are in a unique position to state in observable behavioural terms their own intended outcomes - ie, what they want to do in the future and how that differs from what they now do instead;

(2) clients and/or their relatives are similarly in a unique position to state their current strengths, ie, the things that they are now doing and which, regardless of the intervention to be implemented, they wish to continue to do. (These strengths can therefore be specified as remaining outside the control of professionals and agency personnel, and be clearly seen as remaining outside professional control); and

(3) the competence and effectiveness of professionals can usefully be defined by the extent to which professionals:

(a) elicit and clarify the outcomes desired by clients and relatives and reach an agreed statement of outcomes with the clients and/or relatives;

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(b) distinguish the extent of the difference between the outcomes desired and the client's and relative's current performance;

(c) assess, taking account of the current available technology, of his own professional skills, and of the skills of available resource personnel, whether he or anyone else has the skills and resources available to implement an intervention which, if successful, will result in the client and relative attaining their outcomes;

(d) plan interventions on the basis of the above data. (16)

(4) depending on the skill of the professional responding to the client or relative, the outcomes selected and specified by clients and/or their relatives always include non-trivial, relevant, responsible, ethical, personalised outcomes which are often relatively easily attainable through currently available and economic interventions within the current range of skills and resources of the planners, managers, professionals and direct-care staff who now man the services.

Procedures for eliciting the client's and/or the relative's outcomes, and for designing effective interventions to attain them with optimum client participation, have advanced rapidly in the last ten years. They were first systematically described in relation to task centred social case work. (17) They were later developed by Thomas and his colleagues. (18) The most highly developed set of procedures for doing so are described and illustrated in detail in a recent monograph by Schwartz and Goldiamond. (19)

Implication 4: Predictions of critics that if direct-care staff were to follow effective procedures of the type illustrated, they and the clients will necessarily start to demand new resources which are considerably more expensive than those currently provided, and considerably more expensive than those currently being demanded by professional and consumer lobbies.

To what extent does the specification of client and relative outcomes in this way lead to additional demands for new and expensive resources, to demands for new specialised personnel and facilities in order to implement and maintain new interventions? On the other hand, to what extent can it lead to the critical evaluation of current demands for new and expensive resources, and of current demands for new

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specialised personnel and facilities in order to implement and to maintain new interventions which may be directly related to client outcomes?

Our experience in Wessex suggests that economies are likely to be gained from beginning to assist existing agency personnel, who are currently undertaking interventions in the absence of clearly-stated client outcomes, to elicit such client and relative outcomes before intervening, and to test clearly specified interventions for their effectiveness in attaining them. It also suggests that, in order to do so, applied research scientists can profit by collaborating directly with clients, their relatives, front-line agency staff, as well as with service managers and planners.

In Central and North Hampshire a home-teaching service, which uses the model and materials developed by staff of the Portage Project (6), has been set up to teach parents of pre-school mentally handicapped children living at home how to teach their own children. (1) A health visitor, a family service worker (unqualified), and an ex-head of a nursery school were each seconded for 20 hours per week by their respective agencies to be supervised by an educational psychologist (seconded for 8 hours per week). During the first six months and in relation to 13 families, the three home teachers were able to set 584 individual programmes, each related to an outcome which one of the parents (usually the mother) wished to teach the child. The programmes were followed with the result that 80% of the outcomes were successfully attained. For each child, the parents (usually the mother) implemented a total of nearly 1200 specific teaching interventions. This involved about 30-60 minutes of activity for one of the parents each day. The home teachers and supervisor accomplished their performances after an initial training lasting only 3 days; during this period they learned how to use the materials which had been developed and tested for the purpose by staff of the Portage Project in Wisconsin, U.S.A.

The home teachers were able to give a weekly account of their successes and failures to the supervisor. He, in turn, was able to account for their successes and failures every two months to a multi-agency, multi-disciplinary management team; this consisted of the line managers of the home teachers from health, education and social service agencies, as well as the relevant professionals, eg, clinical

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psychologist, paediatrician, child psychiatrist and general practitioner. The management team also included a parent of a handicapped child. The management team was, in turn, able to account, with relevant data, to senior officers (policy makers and planners) on the effectiveness of this project. The planners could, in turn, make decisions on whether to continue the service, and whether to replicate it in other areas of the territory for which they are jointly responsible.

The service was rated as highly acceptable by all of the parents participating - no parents refused the service and no parents opted out of the service over the period. This degree of acceptance has continued over the next 18 months. The revenue cost per child year of the new service is less than the equivalent cost of introducing a day nursery school. The capital costs involved are very low because no additional physical facilities are required. During a period of two years there have been no demands for additional specialist facilities or personnel from any of the personnel involved, or from the clients themselves.

Implication 5: The need to overcome the limitations of comparative studies of effectiveness of alternative service options which fail to describe in the detail illustrated:

(i) the service options under test;

(ii) the extent to which client and relative outcomes are attained under different conditions.

There are clearly many different interventions possible for attaining client outcomes, and efforts are urgently needed for assessing their relative effectiveness and efficiency so that we can replicate those interventions which are most effective and efficient and modify those which are less so. Unfortunately, most experimental-control studies which have demonstrated so-called significantly different levels of outcome attained, on average, by an experimental group of clients, have not described either the experimental or the control interventions in sufficient detail to allow the readers of the study to replicate the intervention for re-testing, or as a service innovation. This is a severe limitation to service development and testing. The development of methods for describing both client outcomes, and the details of

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different possible interventions designed to attain these outcomes is a crucial step which must be taken before we can begin to assess the comparative effectiveness of different alternative interventions in a way which allows us to act on the basis of the results, ie, to identify and replicate the more successful interventions. (1,3b,20.)

Implication 6: The need for professionals to be able to give service managers and planners a detailed account of their interventions and their effectiveness in attaining client and relative outcomes, and for service managers to be able to respond positively rather than negatively to these accounts, ie, the relationship of professional accountability and positive monitoring.

Service personnel who describe to managers or planners both the details of their interventions and the resulting outcomes for their clients, will be accounting for the work they undertake and its effectiveness. Those who read the accounts will not only be able to replicate and develop the successes attained by front-line personnel, but will also be able to give praise, where it is due, for the serious effort that people have put into their work, and to give help with clarifying problems where outcomes are not attained. Such praise is now conspicuously lacking - currently managers and planners appear to confine themselves mainly to criticising the failures of front-line personnel. All too often managers, who may themselves have worked in the "front-line", are currently unable or make little attempt to assist front-line personnel in the resolution of the problems they face with individual clients; these managers, therefore, receive little detailed information on the successes of the service which they manage. The giving of positive feedback by managers when front-line personnel report successes, and the resolution by managers of problems faced by front-line personnel, is called 'positive monitoring'. (1)

Implication 7: The increased possibilities for service innovation which must follow when service personnel relate clearly specified current interventions to the attainment by clients and relatives of their outcomes.

When outcomes are being set for clients and their relatives, when interventions are being clearly described, and when the effectiveness of the interventions in attaining these outcomes can be seen we predict that personnel will undertake innovations, both because they are following the data on the attainment of client and relative outcomes and

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because they are responding to the warmth of the responses of satisfied clients and their relatives who have attained their desired outcomes, and who have therefore worked hard to attain them.

If this were to occur, the scientific precision required in relating specific interventions to equally specific outcomes desired by clients will be seen as a commendable model for applying a science-based technology to sensitise and humanise the delivery of health, education and social services to clients without invading their privacy, and without rendering them dependent on the service professionals.

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THE DEVELOPMENT OF PROGRAMMES FOR VISUALLY IMPAIRED MENTALLY HANDICAPPED YOUNG PEOPLE

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Introduction

This paper is concerned with the development of programmes for visually impaired youngsters who are also mentally handicapped, although it should be recognized that some of the general procedures and comments apply to all children who have some form of disability. There is now sufficient evidence to establish some broad concepts of rehabilitation which, from behavioural, social and educational viewpoints, relate to handicap in general. This is not to deny individual and collective differences, for we well recognize that modifications of principles and different levels of training are necessary. The variation of performance amongst handicapped persons must be recognized, for it is important to ascertain some of the reasons for the wide range of behaviour. Causes may not always be modifiable, but it is essential, in any assessment process and in any programming, to take care to examine the types of handicaps that an individual faces, and adapt the general programme to his specific needs. Generally, case notes and school files just touch on some of the important aspects. It is important to recognize, not only the major handicaps of visual impairment and mental handicap, but the added problems associated with negative family interaction, low motivation, adversity of environment, plus a host of other factors which make life more difficult and complex for many handicapped persons.

The above implies that many secondary handicaps are not restricted to the specific disability, such as brain injury or chromosomal abnormality, but are part of a system of interacting causation, which involves any negative aspect of the environment, including home, agency and community.

Dual handicaps of visual and mental processes provide an interacting constellation of problems which are a challenge to our professional services as well as the individual and family concerned. Our ability to deal with such problems is not only a challenge to the humanity of our society, for it has direct impact on the quality of life and contribution of each person who is handicapped. It is also a measure of the extent to which we recognize the need of all individuals for the best of care and treatment opportunity within a civilized society. Knowledge gained from the treatment and interaction of

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handicapped persons, the family and the professional team leads to answers which are not only personally satisfying, but also has implications for the advancement of knowledge in society as a whole. Tragically this aspect is rarely dwelt on in our current political and economic climate.

The persons who are the subject of this article may have no or extremely limited vision. Therefore their ability to explore the environment from a visual perspective is extremely limited. For this reason their ability to develop specific types of knowledge is likely to be painfully slow, and in some areas of physical and social stimulation their skills will be attenuated. However, the matter is complicated by the fact that cognitive development is also impeded, and in its own right makes it more difficult to grasp the meaning of stimuli and to impact the environment in an effective manner. Slow physical maturation, problems of motor development, as well as limited reception of stimulation are compounded by the problems of central nervous system damage to other areas of the brain, apart from the visual apparatus. To this may be added a range of disadvantages from the environment, some of which may be deliberate or extreme such as child abuse, while others will represent the specialized and limiting environment which has been enforced on the individual by virtue of his precipitating handicaps. Such persons are often restricted to their home environment or hospitalized. Yet many have abilities and skills which, if stimulated, and with access to some of the new development in programming, can be developed further.

One consequence of the above, which is now receiving great attention, is the recognition that the individual is likely to develop very poor self-image. This is bad enough when there is a mental handicap involved, but the impact of additional visual impairment places these youngsters in a very disadvantaged position in terms of their self-image, with the result that they have a very low level of assertion (Langen, 1970). Throughout this paper it must be borne in mind that in developing the interaction between assessment and programming the impact on the youngster's self-image, and his or her ability eventually to control their own environment, must be seen as of paramount importance.

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Programming

In the history of handicapping conditions, assessment and classification have had a predominant role. There is a tendency at the present time to minimize formal psychological and allied assessment techniques. The argument presented here is that appropriate assessment provides a description of performance and a measurement of assets and deficits which can be employed to develop an effective programme or programmes for the individual. Thus assessment, and the use of tests, should relate to programming and be part of an intervention process for the individual concerned. If this is not the case, the role of assessment is probably not being used appropriately.

Assessment

It is traditional in the area of handicap to look at psychological functioning in terms of a variety of parameters, and one of the most important of these has been the measurement of cognitive functioning and the use of intelligence quotients. Much effort has been placed on the development and adaptation of cognitive assessment tools so that they may be used with visually impaired youngsters. Although such tests may give guidance to educational staff in terms of overall ability of specific assets or deficits in cognitive ability, they are far from ideal, and if we consider the use of intelligence tests with clients who are the subject of this paper, we must doubt whether they should be used except under very special circumstances. This argument is further accentuated when we recognize that such measures have little validity from the point of view of classification, nor do they substantially advance our knowledge for individual clients in selecting or devising programmes, or for predicting future development that any individual might make (Cobb, 1972). What form of assessment should be used by psychologists working with mentally handicapped children who are visually impaired? Measures which relate to a description of individual's performance in a variety of living situations are required to indicate baseline functioning levels, and gaps in attainment, to identify programme needs and programme effectiveness. This implies we must measure the quality of environment received by the youngster, for we must ascertain whether performance limitations result

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from personal inability or from restricted opportunities.

Two tests which are of assistance in this area are the Gunzburg Progress Assessment Charts (PAC) and the Marlett Adaptive Functioning Index (AFI). Both of these tests are concerned with assessment of social processes, and measure attainments in the area of self help, communication, occupation and socialization. For the most part they are based on ratings which are obtained from informed observers. In the case of the Marlett Adaptive Functioning Index the social educational scale is an objective test. In the case of Gunzburg's scales all age levels are covered and all levels of mental handicap. The Marlett AFI is designed for use with adolescents and adults. Not only do the tests make it possible to find levels of attainment, but also identify gaps in performance, progress over time, as well as, and importantly, some idea of whether the environment provides opportunities for learning. A newer test in this area is the William's Social Training Achievement Record though it does not seem to add any dimensions which are not obtained through the two previous tests. Although there are limitations to such tests, such as the reliability of the rater, and some areas of leisure time and sexuality development are omitted, the tests represent a breakthrough in programming in the field of mental handicap. Although some areas will be restricted when visual impairment is also present, these tests can, nevertheless, provide a description, in objective terms, of a youngster's performance.

But environments in which individual's function can be examined in much greater detail, and this is an essential priority for the development of effective programmes. Techniques such as PASS are useful in these circumstances. PASS or Programme Analysis of Service Systems (Wolfensberger, 1972) is as assessment process which enables the observer to assess the degree to which the environment (agency, home, school) is of a normalized nature. The importance of such a procedure is to alert us to ways in which environments can be improved to make them more desirable as learning media, and places to live as normal a life as possible.

Formulation of the interrelationship between agency boards and staff is also important. Evaluation must relate not only to assessment

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of a practical nature for the individual, but involve a full assessment of agency function, for unless the goals of the agency programmes match its philosophy, and ensures that the various personnel can work together closely, it seems unlikely that the clients will receive the necessary education, however well requirements have been assessed. Also we need to know how personnel and others perceive a particular training environment, and what are their own attitudes to habilitation. A test designed by Marlett and Hughson (1979) provides a simple means of eliciting such information, which often gives invaluable information for agency discussions on philosophy and programming. The scale relates to perceived and personal priorities of staff and Board.

Multiple Causation

Unfortunately most people still think of linear causation. We diagnose a condition and say it has a particular cause. Although it is true that there is generally one precipitating factor, generally this primary condition leads to other important secondary conditions which may have as much, or more effect, than the initial or primary state. For example, a primary condition of severe visual impairment may result in restricted movement in the community, which gives rise to secondary handicaps relating to knowledge, attitude and self-image. When working with visually impaired and mentally handicapped persons it is necessary to record the range of primary and secondary conditions that exist. Strategies should be formulated for ameliorating the effects of these secondary conditions, for they often respond to intervention strategies more easily and rapidly than the primary condition. For example, a young adolescent who is visually impaired and restricted in terms of mental handicap may not be given opportunities to put on his own coat, or buy an article from a store. Could changes be made to ensure that appropriate opportunities are given?

Positive conditions which occur, or could occur, in the training or education of each individual should also be listed. Family backgrounds, environmental conditions in the community, or the standards set by various agencies may add or detract from the learning potential of each person. It is essential that practitioners impassionately

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document the pros and cons of a system confronting visually impaired persons, and ensure as far as possible we maximize opportunity. Such positive aspects of the environment may be major, such as a parent who has ability in producing prosthetic devices. It may also be another handicapped person from whom modelling and instruction may be received. There may be environments where the youngster performs more happily, thus raising the individual's self concept and in turn motivation, and ability to respond. Such environments are familiar rather than unfamiliar and in the younger child are found in group play situations, rather than formal adult environments which many handicapped children share to a larger degree than their more normal peers. Stott (1977) has underlined the importance of observing such situations and implies they may tell us much more than many formal test assessments.

Time and Intervention

It is important to recognize that mentally handicapped and visually impaired people, like other handicapped persons, benefit from early intervention. Intervention is a long process, and although immediate gains may take place through short term intervention, deterioration is likely to occur once that programme is terminated (Bronfenbrenner, 1976). The demonstrated need for long term intervention in social and educational learning environments has programme and humanitarian implications for governments and private agencies.

It has also been suggested that there are periods which are critical for certain forms of learning. This now seems very unlikely, and certainly we have evidence that lack of improvement in the first few years of life seems to be compensated by accelerated growth in later periods of life. During and after puberty, which is often delayed in the handicapped youngster, greater improvement may occur than expected from prediction from early years of development. If growth spurts in intellectual and social development take place at these times, additional enrichment of the environment may promote further and faster development. Many school environments terminate education in the late teens just at the time when many handicapped adolescents will accelerate during a secondary growth stage. When growth spontaneously occurs it probably can be

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encouraged further by appropriate stimuli. We should examine very carefully (a) whether school education should continue into the twenties for some handicapped persons, and (b) what type of curriculum would be desirable.

In the field of mental retardation, including both mild and severe handicap, Feuerstein (1979) has developed a programme which involves instrumental enrichment. He argues that there are distal causes of handicap, in which the behavioural or educational professional cannot intervene - sensory loss, brain injury, genetic abnormality, or even early adverse environment may be examples of this. There are proximal causes of handicap which he refers to as the methods or approaches individuals take to problem-solving. These are capable of remediation. Feuerstein has developed a process entitled Instrumental Enrichment which he claims reduces the individual's handicap by developing problem-solving strategies.

Stott (1977) has indicated that development of self-image is critical. Self-image is bound to the situation in which the child performs. Stott notes that children are more outgoing, and perform at a higher level in environments which are not constrained by adults. Feuerstein and Stott seem to be referring to the same process, for the child who knows he can solve problems, improves his self-image and becomes much more assertive in relation to new problems. Positive impacts bring about a higher level of overall performance.

The materials that Feuerstein has produced are somewhat limited for those who suffer from visual impairment. The material involves visual packages of concepts and ideas which require solutions, they increment in small steps, and result in the ability to make specific solutions and generalize the principles in other areas. The method he employs and the underlying principles would seem to apply to a range of handicapping conditions. The development of tactile, and auditory approaches to the area of instrumental enrichment are now needed. Further, it would be easy to adapt his work for use through computer programs using increase in visual intensity and size of stimulus. Movement of visual stimuli might prove to be extremely important in this instance - an aspect which has apparently not been incorporated into the work produced by Feuerstein.

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Transfer of Skills

Sometimes we teach skills without a recognition of the context in which those skills are to be employed. It is, for example, of little value to teach how to use a transit system if that transit system changes or the person wishes to apply his knowledge elsewhere, unless also built into the programme are generalization skills to enable the individual to transfer to new situations. Instrumental enrichment provides a possible method for teaching general problem-solving skills. For many handicapped persons learning tends to be concrete or specific and transfer difficult, although the implications of some studies by Clarke and Cookson (1962) suggest that transfer limitations may be associated with the programme rather than the person, a view very much supported by the work of Gow (1982). If an individual only learns specific skills he will be unable to respond appropriately to slightly modified situations and the range of varied stimulation in the normal community.

Environment and Learning Strategies

It is important to train in all the areas that the youngster will use in 'as normal a lifestyle as possible' for the aim is to enable the individual to select a quality lifestyle of his choice. Thus home living skills, a range of social skills, vocational and leisure time skills, must be taught. A lack of experience and education in any one of these dimensions can restrict the individual's adaptation and mobility.

Historically, it is apparent that the skills which were first developed in special education can be described as concrete. Today we are beginning to apply more abstract concepts. In practice we need to range from concrete to abstract notions of service. Quite literally at one extreme they are concrete in that the first programmes were institutions built in specific places, to meet special needs as viewed at that time in history. Now, with the development of a normalization movement, a recognition of the need for all handicapped children and adults, regardless of handicap, to develop and live as normal a lifestyle as possible, we have come to recognize that these

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institutions may impede progress. Although we recognize a philosophy of normalization and integration, we do not always recognize that we need the tools, techniques, and trained personnel to bring about more advanced services. Without effectively qualified staff, any normalization philosophy must be a failure. There must be much more intensive examination of the types of skills staff, both professionals and technical, need in order to deliver an effective service for handicapped youngsters. When they have such skills, our services will be less reliant on institutions and sheltered workshops.

Another concept associated with the 'concrete to abstract' continuum is that of structure. Skills run from those that are highly structured to others that are unstructured. Young children and adults, who are in the early stages of training, need an external environment which is highly reliable and stable. Without training in such environments they will tend to breakdown in environments with less stability. Where there is less stability, the individual must impose his own structure on a process. Imposing structure on a process involves a high level of motivation and positive self concept. These attributes are particularly impeded in visually impaired persons (Cohen, 1966). In a social sphere, visually impaired youngsters' attitudes towards themselves are often related to others' attitudes towards them (Jones, Lavine, Shell, 1972). Poor attitudes from others often lower status, and result in self devaluation, general social isolation or deprivation. If the model suggested earlier is relevant, then the early stages of learning, whether in the child or the adolescent, must involve not only a concrete structure, but must include positive reward and reinforcement. This is only possible if the steps of instruction are sufficiently small that effective performance can take place. Thus task analysis emerges as an important component of skill training.

The order of psychological development proceeds through different modalities starting with tactile, visual, and then auditory. It is apparent from the teaching of mentally handicapped children that the majority, though not all, are much more effective in visual learning than they are in auditory learning. Visual processes predominate not just in terms of technical learning, but in the development of strategies and problem-solving behaviour. Further, when new concepts and new

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techniques are introduced, there is frequently a regression of behaviour to earlier modes of thinking and performance. It is recognized that unfamiliarity of environment results in behavioural regression. This is a normal process which the teacher or educator should take into account if learning is to be effective. For example, when we introduce a new verbal task, regression to a simpler level of auditory explanation is anticipated. Sometimes regression is even greater and involves the visual and tactile modalities, which come to act as a base for the development of new knowledge. But, we must try not to change more than one aspect of a person's environment at any one time. Yet the regression process described above should not be inhibited.

Such strategies apply to a wide range of handicaps, hearing loss, visual impairment, mental handicap, but in the case of visual impairment the use of the visual modality is restricted. Compensation through the use of other modalities is required. It is essential to know exactly what the individual understands in terms of language, recognizing that decoding skills in mentally handicapped persons normally greatly surpass encoding ability. It is essential to employ what the youngster knows and can comprehend, and this is critical when language is employed in the learning of new tasks. The language which is employed may be much more difficult than the instructor recognizes. Thus, instead of teaching a new task, the instructor teaches two tasks; the second being instructions which are new, and ill-understood (McLeod & Brown, 1976).

One of the major learning difficulties for handicapped youngsters is that they have great difficulty in recognizing what to attend to and what to ignore. Learning and memory problems are probably much more associated with this phenomenon than any other disability. The problem is made more difficult for visually impaired persons, for they often suffer from an overload of confusing stimuli which they may find difficult to interpret. Thus the concept of familiarization and meaningfulness of stimulation become critical for their functioning.

It seems from the work of Gold, that severely mentally handicapped individuals, who are generally multiply handicapped (with visual and hearing problems as well as speech difficulties), can learn basic

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tasks of an assembly nature. The principles of detailed task analysis, when applied to other areas, suggest social, home living and similar skills can be effectively learned. It is important that vocational, social, home living, and allied skills are trained at the same time. These skill areas interface one with the other, and often the same environment can be employed to carry out such training. It may be of interest to note that such skills do not appear, at least in the mentally handicapped group, to be highly correlated with intelligence and there is no reason why visually impaired and mentally handicapped persons should be any different. Factors other than intelligence, such as self concept, seem to be important in determining the level of skill obtained.

Quality of Life

One problem with the above proposals is that they make an extremely busy programme. There is more to life, for everybody, than learning how to carry out specific skills. We must direct our attention to the quality of life that an individual enjoys and his or her experience of satisfaction. This relates to the range of skills learnt, but it involves the essential aspect of sharing experiences and living with other persons on both a casual and intimate basis. Part of this sharing of life quality relates to the use of leisure time, which is not often thought of as an area in which training needs to be carried out. Once again the environmental attributes and the circumstances in which this training takes place are very important. The need for privacy, either for small groups or individuals, and the need for one's own personal space for articles one enjoys or is familiar with, are important. People have a right, as they grow into adolescents and adults, to be treated as individuals who increasingly have a say in decision-making regardless of degree of handicap. One of the sadder aspects of severe handicap is that people often assume that individuals are incapable of making decisions. Where there is a graduated training programme which results in progression and development, decision-making should increasingly be placed in the hands of the handicapped youngster. This is a further aspect of the structured to unstructured continuum described above. This is relatively easy to do in the

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leisure time area, and is particularly important in terms of the development of self concept. Here, too, there is a continuum from very concrete to rather more abstract skills. Some personnel believe people should participate in leisure time if and when they want it, and, unthinkingly believe that this is an attribute of lifestyle. Unless one has some basic training and knowledge of the leisure area, choice is not appropriate. Choice can only come about when there is something to choose between, as a result of reasonable experience.

Spectator activities are the most common form of leisure time involvement, and then social activities and physical recreation become developed. It is only at a later stage that abstract leisure skills involving temporarily remote planning become possible, (eg, planning a ski outing). The point is that we often expose people to these skills and 'pleasures' before they have developed the necessary social and basic motor and allied skills. Therefore they tend to fail. Tasks are calibrated along a continuum, goals which are relevant to, and realistic for, the individual need to be set, and as far as possible this should be done in discussion with the individual.

If we are running a home programme parents must be closely involved, and should get to the point where they are able to provide teaching in an appropriate continuum. Yet experience indicates there are parents who should not be involved in such training, or may find it extremely difficult, because the regime required is too strenuous and emotionally exhausting.

The question still arises where should training be carried out? We often assume that vocational agencies or sheltered workshops are the major requirement for young adults and adolescents. Obviously there is an important role for such settings, but as we develop more advanced and abstract concepts we shall make use of other community areas. For example, should we start by delivering a service directly within parental homes. The home environment is familiar, and the motivation and concern of parents and other members of the extended family can provide a much more effective base for the training of visually impaired and mentally handicapped people across age groups. Research with young adolescents and adults on a regular basis within

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the home environment is minimal. Clinical opportunities of this type have occurred in our work and proven very effective. With young children it has been done extensively, and it is perhaps important to indicate that in the study by Tizard and Grad (1961), many parents working with young severely handicapped children, ie, multiply handicapped children who had mental handicaps, wished to have their children at home, provided there was adequate community support. Cunningham, Aumonier and Sloper (1982) working with Down's Syndrome children, note that when there is a skilled worker visiting the home, the most valuable contribution is in terms of knowledge gained and information received relating to skills which can be employed by the parents with their youngsters. Motivation and reinforcement are associated with professional visits. Would this be the case with the adolescents and adults living at home? Perhaps some parents would not wish to be involved in this fashion, but that is a decision which has to be made within the family context. Some parents would not welcome an assistant within the home. Such an assistant would cost money, although it would probably be an economic proposition because of the reduced dependence on day programmes, although opportunities for day programmes are important.

A much closer partnership between student, parents and programming personnel is necessary. Such a model could only work provided there is adequate training of personnel. One of the reasons we are currently very dependent on agency buildings is because personnel have to be supervised. At the point that we develop sufficient personnel who can function on their own over a wide range of programmes, this requirement disappears. Personnel must have the necessary level of knowledge in terms of practicing principles, plus very specific knowledge about visual impairment. They must also have sufficient generic knowledge to work within family constructs. Such a model would be extremely important in rural areas, for, at the current time, we have proposed no effective model for such areas. A resolution to the delivery of services in rural areas could transform the method of delivery of service within urban areas, This is not an argument against workshops, but an argument for expansion of programming services. Such a demonstration model would be worked out in an

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experimental fashion. The first stage is to develop a specific demonstration model in the area of visual and mental handicap to ensure that the type of service which I am recommending could be tried out. Such a programme would be linked to college and university systems so that effective and innovative evaluation procedures, plus effective resources from a professional point of view, could be encouraged within an educational framework. We must develop, alongside such a demonstration model, effective programmes for the training of personnel. The link between centres of higher education and community agencies is critical if we are to ensure appropriate education, implementation and research.

Conclusion

This article has taken, as its fundamental approach, the quality of life and the right to select one's own individual lifestyle as a basic requirement of any effective rehabilitation philosophy. However, unless that philosophy is supported by effective approaches to rehabilitation, goals of the philosophy are unlikely to be attained. New developments in rehabilitation, in the context of this article particularly educational, psychological and social involvement, have been considerable. They provide the prospect of a well devised step by step approach to advancing each individual's skills using an integrated model of assessment and programme strategies. The danger is that in applying such a model the approach becomes a mechanistic one and, if employed by professional workers who have little understanding of the philosophy of rehabilitation, can prevent the development of quality of life and the selection of individual opportunity. By the same token the provision of choice without experience and training for handicapped youngsters, or the lack of involvement of family or multidisciplinary team can also negate the development of effective habilitation.

Involvement of handicapped persons within the community brings many positive gains to society as a whole for frequently a range of problems which face them, also face the general members of the community albeit to a lesser degree. Our aim is for understanding and compassion on the one hand, and the development and application of skilled knowledge embedded within sound philosophy on the other. For these

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reasons, this particular article advocates an investment by all parties concerned in the development of a comprehensive approach to rehabilitation. Comprehensive approaches are always fraught with difficulties for they entail the control of individual desires and hopes and accent the need for collaboration; a sadly limited human commodity. Yet for society as a whole, collaboration in all its senses is the only method by which society can develop habilitation effectiveness. The success or failure of such ventures reflects on society as a whole, and the mechanisms it has developed to deal with the problems that it confronts.

Based on a paper given to the Fourth Canadian Interdisciplinary Conference on the Visually Impaired Child, Edmonton, Alberta, 1982.

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THE DILEMMA OF POST 16 EDUCATION FOR THE MORE SEVERELY PHYSICALLY HANDICAPPED YOUNG PERSON

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In the past year we seem to have been satiated with statistics about unemployment and how in particular the handicapped suffer more than other groups but, apart from a few brave initiatives, we have heard little of possible solutions. As always, when we do not know the answer, or the cold truth is too painful, we tend to resort to well-worn phrases. This year it has been "We must change the Protestant work ethic!" I am not too sure about this being the key recommendation to solving all the problems, I seem to remember that acceptance of the 'work ethic' goes back a long way. "Six days shalt thou labour"! Man, back to the dawn of history, has always had to work for his living, and if you ask young disabled students today they will see NO significant living without work. The whole idea of demoting the value of work is unrealistic. Some people must work. Is the Prime Minister to announce: "In the near future, half of you will work and half not, but both halves will lead equally happy, respected and fulfilled lives"? This is plainly ridiculous and must lead to a division of society.

The phrase 'significant living without work' is heard a little less frequently these days, as it has been so hard to define. I personally prefer Bert Massie's (1982) view that we should think about it in terms of being without formal work. I take issue somewhat with his allusion to it being equivalent to the work of a housewife. Not all women enjoy, or feel fulfilled, by housework, whilst I feel significant living is meant to be enjoyed by the person concerned. However, that aside, I am sympathetic in general to this view.

We are very much at a cross-roads in special education, whether at the senior end of a school or in further education. The economic situation has forced us to examine again our curriculum and general preparation of pupils for their future. Our dilemma stems from two problems:

(a) the provision for many unemployed handicapped school-leavers is inadequate and inappropriate, and the places that are available are increasingly being filled by long-term occupants as there is little likelihood of employment; and

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(b) there is no magic crystal ball that enables us to see reliably, or even mistily, into the future to discern if and when the recession will end and what new kinds of jobs will be available.

The result is a rapidly developing crisis with young people leaving only to enter a vacuum. We have nothing really to offer them, and little hope for the immediate future. No wonder we are seeing panic followed by depression and apathy.

Of course all young unemployed people can suffer in this way, but the severely physically handicapped are particularly vulnerable. They cannot move around the country at a moment's notice and they often have limitations as to the range of jobs which they can consider. Yet they are more dependent on a job than non-handicapped youngsters are, for all, or nearly all, their social contacts and for their self-esteem.

Barry Taylor (1982) continues to urge schools to enhance the employability of the handicapped and Bert Massie (1982) supports this. He feels none of us has the right to deny disabled people the right to work and he is worried that teachers may change the curriculum, if they believe it is unrealistic for disabled youngsters ever to obtain employment. There is then a danger of creating a self-fulfilling prophecy. However, he does recognise that certain groups of the severely handicapped may well be unemployed, despite all efforts. On the other hand, Gulliford (1982) queried whether expectations are being unwisely raised by orienting the curriculum towards employment. He believes this can be wisely handled so that pupils are sustained by a degree of optimism, whilst a realistic approach to the future is introduced gradually, thus enabling the young person to discover his own limitations, perhaps through work experience. From my experience, it is very hard to follow Gulliford's plan and see it through to a satisfactory conclusion. In this setting there are just too many complicated variables. At Lord Mayor Treloar College we have 270 physically handicapped pupils in a co-educational boarding school. The education is fully comprehensive, embracing children with learning problems and needing teaching in a class for slow learners or in a remedial group, to those who are able to achieve 'A' levels, and thence proceed to higher education. The

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range of disabilities is considerable. The four largest groups comprise children with spina bifida, cerebral palsy, haemophilia and dystrophy. The disabilities in most cases are severe, the majority use wheelchairs, many are incontinent or have additional problems of a physical or emotional kind.

Even so, planning for the future is far from easy. Sometimes we feel that outsiders see the situation in over-simplified terms. All that we need to do is to assess the pupil, find his strengths and weaknesses, select the right vocational course (bearing in mind possibilities in his home area), train him to be independent, return him home, and all will be well. John is then all set to live happily ever after. Our experience of this happening is comparatively rare.

The realistic approach

Eleven year olds, whether disabled or not, are still in the fantasy stage when thinking of the future. Ours are no exception. We have our share of would-be vets and one young man (in a wheelchair) saw himself playing baseball for a top American team! At 14, ambitions may have changed. Often these fanciful ideas are replaced by those suggested by well-meaning but misguided adults. Speech therapy is a common suggestion prompted by the mistaken idea that all you have to do is sit and talk. Removing these ideas requires the utmost tact and this has to be achieved with both the young person and his or her parents. It helps to have a more realistic employment aim to replace it. The approach must therefore be a gentle one, which is very time consuming but decisions have to be made in a hurry, if local authority support is to be obtained. Some authorities like our recommendations before Christmas in the fifth year. This coincides with the most rapid developmental stage - one might call it the metamorphosis of the child to a young adult. Other teachers worry greatly as boys and girls faced with a pessimistic view of their future may give up in the last vital months prior to external examinations. Some authorities, realising the strain on the young people, make and notify their decisions quickly but others keep everyone on tenterhooks until May 1st, the ultimate response timed to coincide with the examinations.

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The section of Lord Mayor Treloar College which has expanded most in the past five years has been the post 16 provision. New courses have been introduced after consideration of the abilities and needs of the students. For those who are likely to proceed to normal further and higher education a unique flexible arrangement exists, whereby part or all of their course can be taken with non-handicapped students at Alton VIth Form College. Whilst not a bridging course in the true sense, it certainly acts as a bridge to the normal world, although academic back-up and specialist care, medical and other facilities remain available to the student in the residential setting of Treloar College.

In recommending students for 'A' level courses, is it enough to consider first academic attainment? Some students with severe communication problems and others, who have missed considerable education time for medical treatment, may not have reached their potential at fifth year level. Often they achieve a few good results but need further time to work on other subjects. The dilemma is whether or not to ask the local authority for another year in order to achieve a consolidation <u>at this stage</u>. Three 'A' levels constitute a demanding timetable for most students but for those who are weak or have writing problems then the two-year course may be too short. The snag is that the age limit of nineteen years approaches fast and local authorities are rarely able to be sympathetic, as they have not the flexibility of funding.

Amongst the neurologically handicapped are some young people with extreme unevenness in their intellectual functioning. For example, a young student with WISC verbal and performance scores differing by as much as 67 points can manage an 'A' level essay, but only if books and pens, etc. are provided for her. She is totally unable to structure, sequence or organise her daily routine of self-care, despite intensive independence training programmes. She is just able to manage because we can arrange a helper throughout the day. But should we encourage her to look for a place in higher education? Even if she achieves the necessary grades, how will she or indeed the College cope with her problems? And does not the whole ethos of education, at this level, require a student to be capable of self-organisation?

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Independence

Some years ago mainstream colleges of further and higher education rightly criticised special schools for producing students who had been too protected, too used to someone else doing things for them. This initiated a whole series of courses in independence. There are many variations in these courses which exist under a variety of names. Bradley and Hegarty (1982) found that they commonly contained two strands - the world of work and the social and personal aspects of adult living.

At Lord Mayor Treloar College, all senior students (14 years and above) attend a double period of an 'Education for Life' course every week. It lays particular stress on students achieving personal independence. To this end students work towards spending two weeks or more living in an independence flat with a colleague, being totally responsible for their planning, shopping, cooking, washing and cleaning and getting to school on time. It is in the 'Education for Life' course too that other talents are explored, new skills and interests are developed in the hope that they will help a pupil make best use of his or her leisure time, 'to live significantly' if employment is not available.

Until very recently I used to feel our role was to make our pupils as independent as possible, and I regarded this aspect as being as important as assisting our pupils to obtain academic qualifications. In the last few months I have begun to question this aim for all students. Pupils grow up believing that learning to do all the tasks associated with self-care and everyday life means that they will eventually achieve total independence. Residential institution placement is regarded as second best, a sign of failure and it is very difficult to encourage a boy or girl who needs to transfer to an institution to see it in a positive light. Total independence is obviously impossible for those needing a high degree of care. I believe that for these young people we should encourage them to accept a degree of dependence which is commensurate with an acceptable life style.

Many of our youngsters with spina bifida fall into this category, particularly if incontinence management is difficult for them. Medical

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specialists should take note of the problems their methods of incontinence control pose for many young people, particularly at the time of transition from school. Of course, these young people want to remain dry, smell-free and socially acceptable, and yet all teachers and care assistants will relate stories of repeated failures in independence training. This leads to considerable frustration on the part of the trainer, the parents and the young person concerned. Many appliances are aesthetically repugnant to the wearer and they need a certain dexterity to attach them so that they are leak free. Hurrying is fatal and a certain degree of intelligence is required for management and to understand and keep to the endless regime of regular emptying and changing, and the regular drinking of large volumes of fluid. Many of these young people, too, have short-term memory problems and severe difficulties with sequencing of events. We all know how difficult it is to remember to take the remainder of a course of pills once the symptoms of the illness for which they have been prescribed have stopped. How much harder it must be to remember to visit the lavatory when no sensation exists!

Some of these youngsters can be trained to work to a schedule in the structured day of a special school but, after leaving, the regular signals from the environment are lacking and the young people are miserable about their apparent relapse, parents are ashamed and colleagues criticise the supposed lack of training by the special school. If the youngster is thrust into a world, away from parents and care supervision, life threatening kidney infection may rapidly develop. A situation which can lead to slow-healing pressure sores. We have found that smells, sores and kidney infections are the most common reasons for the breakdown of post school courses and employment.

Recently our senior pupils have been asked to keep a weekly diary of the time they take to cope with various aspects of daily living. The replies shocked even us, for some pupils recorded figures of up to four hours spent on all aspects of their hygiene. They were incontinent and with little or no use in the lower part of the body so that dressing, for example, took quite a time. Their day started early in case of an overnight leak, so there was time to have a bath and strip the bed leaving the sheets to soak. Accidents during the

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day led to further washing sessions and changes of clothes and, in the evening, clothes, sheets and even the wheelchair required careful washing to keep them odour free. It is no wonder that these pupils have little time to develop free-time interests, or attend social events. How can they fit in all the other aspects of cooking, cleaning and running a flat, particularly if, in addition, they are engaged in a working day? Some respond by neglecting everything (and many teenagers have a scruffy phase).

The level of independence young people choose to adopt must be specific to their life-style which depends on their priorities. It seems to me that the implications of full independence must be discussed with older students who need to be counselled that accepting a degree of care is a mature and sensible decision. Some degree of loss in personal freedom must be balanced against the freedom to have spare time to enjoy leisure activities and develop social relationships.

Whose responsibility is it to counsel a young person for the future? The transition from school to the adult world coincides with a change in medical care from paediatrician to a range of consultants with different specialities. It is very easy for a severely handicapped person to leave home and enter normal education, where no one may recognise the danger signs, as the possible complications have not been explained to him - possibly to avoid frightening him. Non-handicapped young people make the change to independence living by muddling through the first few months, neglecting some aspects but gradually learning to cope. A handicapped youngster cannot do this, neglecting hygiene, medical procedures, etc., can rapidly become life-threatening. Most need knowledgeable support and supervision during the transition phase and the responsibility could be too great for a volunteer from the community.

Assessment for employment

In one respect the 1981 International Year of Disabled People may have done the disabled a disservice. It has replaced the public image of the none too intelligent helpless cripple with a very capable, competent person, with good academic qualifications (including 'O'

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level English and Mathematics!). Some are like this and they very often form the spokesmen for the disability organisations. They can sustain a very independent life-style and are seen and championed by the media for their success in overcoming their disabilities. Whilst applauding them we must not forget a much larger number, less able intellectually and socially, whose needs are not really being met by post school provison. They have problems which must not be ignored. We must accept that overcoming them all may be too high a goal, and partial success must be accorded due praise. Not everyone can become a star in their chosen field and, whilst every opportunity should be given to handicapped youngsters, I feel we would be wrong to set them all on the same race course. Few can be winners and the less able need preparation for a different life-style.

Is it really so wrong to identify the probable losers? Should we not, at some stage, say that in the present climate it is most unlikely that 'Mary' will obtain employment. Her curriculum could then be changed to prepare her for life in other ways. The questions are, then, when can we do this and how do we assess and identify 'Mary'?

In examining the progress of the majority of leavers from Lord Mayor Treloar College in the past two years, there is no doubt that there has been a rise in those unemployed and a fall in those who had obtained employment within six months after leaving, (see Figure 1). The numbers of those proceeding to some form of further education has remained about the same, but in many cases the aim has been primarily to postpone unemployment in the hope that the situation will improve.

Only one pupil gained a place in sheltered employment. Perhaps, at first, this may appear surprising until it is remembered that the kind of sheltered work available is nearly all manual and the rate of work required is quite high. In practice, we have found that it is too high for the majority of our pupils who have weak or shaky hands and/or perceptual problems. There is a desperate need for more appropriate sheltered work for the severely physically handicapped of average to below average academic ability. Day centre provision, however, is unsuitable for its lack of stimulation for more intelligent youngsters.

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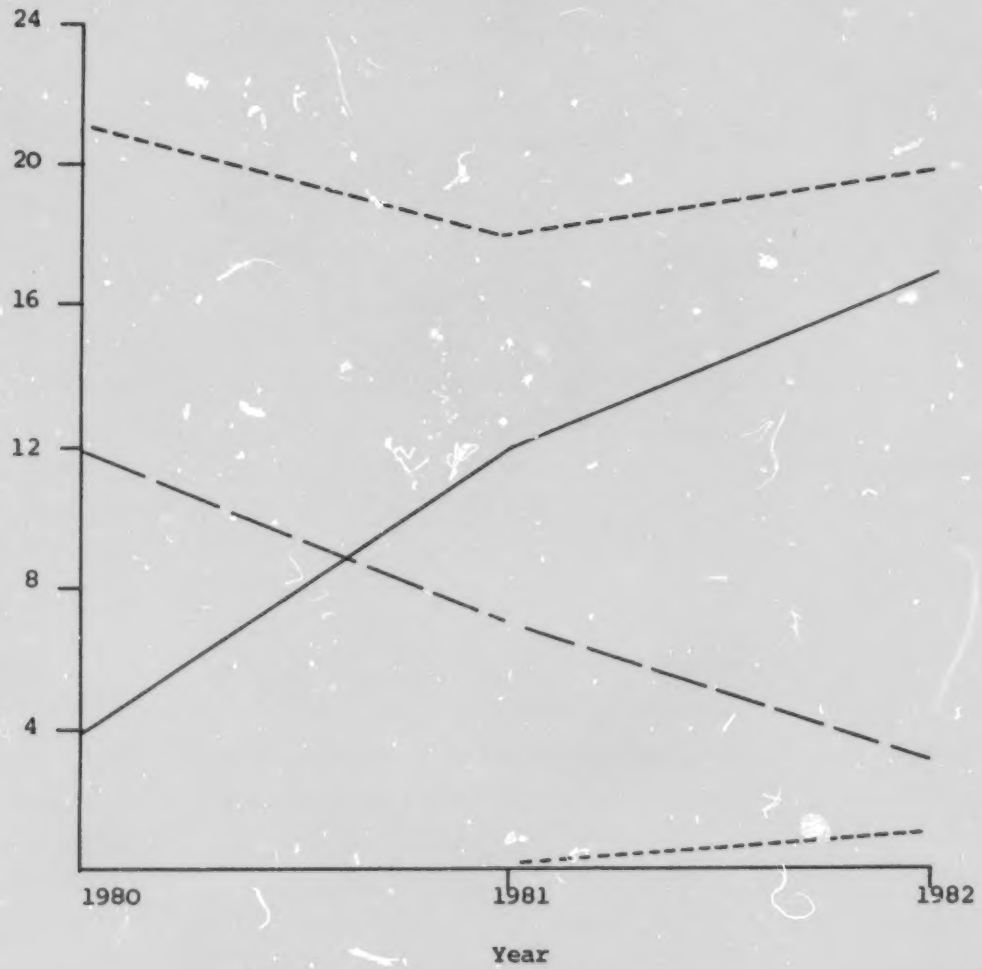
Figure 1

Trends of placement of school leavers from
Lord Mayor Treloar College.
(Statistics collected 6 months after leaving)



Unemployed.

Open employment.

Continued education of all kinds.

Sheltered employment.

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A comparison was made between those individuals who were still obtaining employment with those unemployed. In doing so we looked at factors additional to academic and vocational qualifications. They were assessed under the following headings:

(1) any adverse appearance, behaviour, mannerisms, etc.;

(2) weak or shaky hands, lack of reach;

(3) incontinence, other than perfectly managed; and

(4) speech more than marginally affected.

In 1983 the three leavers, who obtained employment, showed none of the above characteristics, whilst all those not achieving employment displayed one or more, often a combination of them. It seems that, whilst paper qualifications are important, employment is most unlikely if any of these characteristics are present. Sadly, these particular characteristics may be difficult, if not impossible, to improve beyond a certain point, due to the nature of the disabilities. A recent report by Hazel Renner (1982) has emphasised the continuing problems with the management of incontinence experienced by students with spina bifida in further education.

Perhaps things will change again, for we keep hearing predictions as to when the recession will end. Should we not train all our youngsters as widely as possible so that they will be ready to fill the new jobs that will follow? For some this is probably a good idea, but so many of this group have poor short-term memories. Skills can be taught by constant repetition but they tend to forget them rapidly, if practice is not maintained. One young lady who left the College a few years ago had attained a reasonable standard in office procedures, including typewriting. She was unemployed for nine months and then we were shocked to hear from her employer that she had forgotten most of her basic skills - even positioning of margins and tables when using the typewriter. This may be a recommendation for keeping these youngsters in some form of education indefinitely, as otherwise intensive courses of retraining would be needed when jobs became available.

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Living at home

This seems to be the area where authorities of all kinds make many false assumptions. There is the cosy picture of the disabled person, educated, vocationally trained and reasonably independent, returning home and either getting a job or living happily ever after in the bosom of the family. The saddest part of all my work in College is seeing the pain and panic this assumption places on the parent and young person alike. It is not because the parents are wanton in their attitude, or even unloving. Very often, it is the opposite.

A crisis often surfaces when the pupil is between 16 and 18 years old and the time for leaving approaches, and plans for the future are being discussed. Time is desperately short when we are thinking in terms of obtaining further support from education authorities or total support from social services. The result can profoundly alter the future and the preparation of the young person. Can we plan earlier? The answer must be NO, in almost all cases. Too much probing and interference in the parent-child relationship is unkind, unacceptable and provocative. A fragile relationship could be very seriously disturbed, particularly if the teenager is going through a bad patch. It seems everyone expects disabled teenagers to be more mature, sensible and steadfast than their non-handicapped peers.

The teen years are a time of turmoil in which new ideas and interests are developed. It is also a time of testing, particularly of parents. For a time many youngsters adopt a life-style totally opposed to their parents' views. Some, before their twenties, adjust and build new adult relationships with their families; others need to have time away from home before rifts heal. For the majority of teenagers there is an expectation of leaving home, either partially, as a a student, or completely, as job or marriage dictates or simply because the young adult wants to lead an independent life.

How important is this expectation to a disabled youngster? I think it is very important, certainly in the mid-teens. All have a vision of their own flat and running life their way. However, if you press them for details, (eg, how will they pay for it? who will help? how will they get out?), then the answers are hazy. It takes time

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for them to adapt their rosy vision to what is available and to relate it to their own condition and to the degree of independence that is practical.

For parents, too, it is a time of change. Many find it quite hard to come to terms with their adolescent son or daughter, whether it is the mood changes, or their need to establish a degree of independence, or their emerging sexuality. For parents who have lavished great care and concern, it is very hard to let go by the right amount at the right time. As teachers we are quick to criticise the over-protective mother, but when she has given much of the past 15 years to the caring role at the expense of her own life, it is extremely difficult to her to stop.

Concurrent with these changes, parents have to come to terms with the academic potential of the young person. They frequently have high hopes for achievement at external examination level, perhaps because they see it in some way as a positive recompense for their child's condition and partly as they know that the most suitable jobs tend to require examination success. Many press for extra years of schooling to 'ensure' their children obtain their 'O' levels. How far should we question this as a realistic objective, and when should it be done? I think that we are all agreed that repeated failure is depressing and destructive, but what guarantee can we offer that any alternative course, other than through examinations, will lead to employment.

Parents are appalled when they realise their son or daughter may not obtain a job. They see him returning home - to nothing. It may be necessary for one parent to give up his/her work and social life, if 24-hour care is needed. They worry how to provide interest, friendship, a significant life and, above all, they worry how they will cope physically with lifting, constant washing, etc., as the youngster grows older and heavier, and they become weaker and prone to sickness themselves.

The situation for a single parent family is many times worse. As one mother said to me:

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> "I must give up teaching when 'Ann' comes home. I cannot leave her for more than a few minutes in case she falls or needs anything. We shall live on Social Security and will exist, but that is about all. We live in the country and cannot afford to use the car for outings. I am aware this will go on until 'Ann' dies, as I have promised I will not send her to an institution, but I am really frightened we shall get on each others nerves and our relationship will deteriorate."

We may feel this mother is misguided, her daughter may be happier in an institution, where it is possible that her life can be made stimulating. How far should we be helping to prepare mother and daughter for this and when should this come? It is possible to show parent and child that leaving home need not be a rejection of one by the other, but a step forward to adult life. Unfortunately, it requires co-ordination between so many services and a reliable promise of financial provision. There are so many uncertainties and one is wary of making definite plans in case of disappointment.

Individual provision

Until recently I agreed fully with Bert Massie (1982) that we should not, as teachers, alter our curriculum to prepare our pupils for unemployment. However, I am coming round to the view that, until the employment situation changes, it is unkind to recommend conventional post 16 courses to all pupils. When considering a course, each young person must be individually and comprehensively assessed and account taken of his or her personal priorities. For example, if 'Mary' puts a great emphasis on living alone in a flat, even if this will take all her energy, and investigations show that this is a possible life-style for her, then surely we must devise a course which will prepare her for this. If 'John' opts for living in an institution where care is provided, then emphasis needs to be put on developing interests and hobbies suitable for such a setting. 'Richard', who wants to continue with his studies, may need to think of them more in terms of ongoing interest than preparation for employment, and the educational provision made needs to be flexible enough for this.

Some have suggested that we should offer courses preparing pupils for self-employment, but this is not realistic for many. Even if you

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are good at raising pot plants, it does not follow that you will be able to cope with selling, advertising and book-keeping. There would be far greater merit in helping a group of disabled people to pool their talents and run their own co-operative venture.

Conclusions

The transition from school to the adult world is getting progressively harder for the more severely physically handicapped young person and his/her parents. Open employment for many seems unlikely and often the sheltered alternatives are unsuitable or unacceptable. The situation is complicated not only by the number of more seriously handicapped people surviving, but by a higher expectation of what life should offer and the uncertainty and inadequacy of financial and caring provision. As a small group within the context of all those with special needs, it seems their particular requirements are often overlooked.

Schools and colleges need the tact, patience, expertise and time to work with each individual. For some, the conventional further education courses are suitable, but for many a different content and approach is required (Green and McGinty, 1979). Problems are so diverse that the curriculum needs to vary from year to year with flexibility built in for individual needs. A much more detailed exchange of information on students between schools and colleges is necessary so that the specific needs, academic, vocational, emotional and social are understood. Roberts and Norwich (1981) found that surprisingly few college tutors had discussed students with class teacher or head of their former school.

Some disabled youngsters can be demanding and uncompromising in what they seek for the future and they need guidance. But many more are prepared to be flexible, if only the provision is available. We, who in education have to steer the young person and the parents, as well as fight through the jungle of provision, must press for the facilities needed and make certain that the situation and shortfall is known and understood by policy makers and those who control finance.

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CURRICULAR CHANGE IN A SPECIAL SCHOOL: RESPONDING TO THE ECONOMIC RECESSION

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In a series of short stories for slow learners published only a few years ago the central character leaves school and drifts from job to job, failing at each, and causing chaos and mayhem in his wake. At the start of the story he is 17 and in his tenth job. Such a story seems pure fantasy now, a historical fiction bearing no relationship to the reality of the world of work which faces all school leavers today, and specifically those leaving ESNM special schools. This article seeks to explore, through the developmental experiences of one special school, not only the changing nature of provision for school leavers but also the influence these radical changes have had on the curriculum of the school.

Uplands School, a secondary day special school serving the Brighton catchment area, has fared no better and no worse than other special schools during this time of economic recession and high youth unemployment. Figures quoted for this school can be paralleled locally and nationally. For example, in 1978, 27 out of 30 (90%) school leavers' initial placements were in open employment. Of course, initial placements can give no guarantee of permanency or success. For that assurance some measure of after-care is required as many special schools have found. Before the recession, the usual question to school leavers was: "What type of employment would best suit this youngster?" Now, the question is: "What employment?"

Many observers have identified the negative effects of a contracting work force on the less able young person, singling out such factors as the increase in automation; the 'qualifications spiral'; the decline in the number of smaller family concerns, which tended to be more sympathetic to the needs of the less able; and the increase in pressure on firms that do survive which has had the effect of diminishing further the opportunities for those who require special consideration and initial vocational support.

Thus, in the case of Uplands School, the statistics are cruelly clear. In 1982, with a similar clientele in size and nature, and a similar school ethos to that in 1978, the number of pupils acquiring placements in open employment straight from school declined to 3 out of 30 (10%).

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In the heady days of the 1960's and early 1970's, many ESNM schools, recognising the positive qualities that an apparently handicapped group of young people could offer the work-force, created exciting, outward-looking school-leavers' programmes which were regarded with envy by many teachers struggling with remedial groups in comprehensive schools. These programmes were also viewed with respect by employers eager to engage young people exhibiting such 'old-fashioned' qualities as loyalty, industry, a willingness to learn and respectfulness.

When Uplands School opened in 1976, it was assumed that the most appropriate post 16 provision for all but the least able was placement in open employment and that such employment would be available. Acceptance of this assumption not only influenced the school leavers' programme but the whole ethos of the school. It formed a corner-stone of the school curriculum. In 1979, while observing interaction in the classroom for a research project, I recorded a passage of dialogue between a member of staff and 12 year old pupils in the intake class who had been in the school for only 3 days (Upward, 1981). This passage eloquently illustrates the acceptance of this assumption.

Mrs. B. - One thing about the toilet, choose your times sensibly, because of interrupting lessons. When is a sensible time?

Darren - At break-time, Miss.

Mrs. B. - Yes, that's good; now I want you to listen, if you <u>really</u> need to go at any other time, it's OK ..... but you're now in a SECONDARY SCHOOL - in four years time you'll be at work, you won't be able to go off to the loo if you're serving in a café or working in a factory. Everyone depends on everyone else - how old are you now?

Class (all) - Twelve, Miss.

Mrs. B. - You see, you're all growing up, and soon be teenagers.

It was felt that the main reason for acquiring basic skills was to provide effective tools for coping with the needs of the working world. For their part, the craft and home economics departments could offer practical skills directly related to work, and the leavers' programme could pull all the strands together.

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Table 1: Uplands School: Leavers' Timetable 1978 (slightly simplified)

	Morning		Afternoon	
MONDAY	Employment Studies		Employment Studies	
TUESDAY	Community Service		Environmental Studies	
WEDNESDAY	Link Course at Brighton Technical College or Craft/H.E./Art			
THURSDAY	Basic Subjects		Industrial Visits - A.V.A. Material	
FRIDAY	Basic Subjects	Health	PE/Games	Light Craft

The Employment Studies course focussed clearly on the working world as the most likely viable future after school, and included class-based worksheets and discussions, visiting speakers, AVA material, etc. Community Service gave pupils a chance to make a contribution to the local community, (eg, in playgroups, old people's homes). The link course at Brighton Technical College gave the opportunity to pupils to learn basic vocational skills in a more challenging environment, although, even at this stage, within a self-contained 'special' group. The industrial visits were to a range of local employers where openings existed for the 'less able' leaver.

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The dramatic decline in opportunities for open employment has forced special schools to examine closely both the curriculum content within the schools to meet these changing circumstances and the alternatives to employment during the immediate school leaving period.

In a previous edition of this journal, a former colleague of mine identified the range of alternatives which were being developed in the Portsmouth area (Thomas, 1981). In East Sussex, a similar pattern is emerging. The current group of school leavers in Uplands School now have a range of alternative provision, (see Table 2). In other words, the emphasis has shifted from selecting the most appropriate job placement to selecting from a range of non-work options which are preferable to the dole queue.

Table 2

Likely initial placements of Uplands School Leavers: 1983		
	N	%
Open employment:	4	14
Youth Training Scheme:	10	35
Further Education:		
Ash Cottage - a sheltered unit providing social training:	3	9
Lewes Technical College: (a purpose designed 1 year full-time course for ESNM leavers)	10	35
Other agencies: (eg, Social Services)	2	7
	29	100

The Lewes Technical College Course, which is called the 16+ Extension Course and which was designed in response to the need of four local special schools for suitable further education for their leavers, contains educational, social and vocational elements.

It was recognised within the school that the kind of radical changes described and the likelihood of continuing long-term unemployment must influence the ethos of the school and curriculum content. Morally,

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children could no longer be offered 'work' as the inevitable carrot to commitment and effort in school.

There was at the same time strong opposition to joining the ranks of those pessimists who claimed that (a) the employment situation would inevitably get worse with no chance of an economic recovery; and (b) the long-term prospects for our young people were so bleak that all ESNM schools should prepare their pupils for unemployment and the use of leisure time, and so on. It certainly must be accepted that the path to economic recovery will be a long and tortuous one and that to some extent the old pattern of employment will cease. Clearly also greater emphasis must be placed in the school curriculum on use of leisure time and voluntary work.

However, I cannot believe that all that special schools can, and should, offer is the dismal prospect of the dole queue, isolation in the community and no prospect at all of the dignity of work. What the school curriculum should reflect is a realism about the current situation aligned to an optimistic view of a different but more positive future which should ultimately provide a vocational element in their lives.

The cliché "It's an ill-wind that blows no good" is relevant in the context of the current economic situation and in relation to what is taught in schools. The questions "What are we preparing children for?" and "What skills do we need to teach?" are now having to be asked with more urgency. This questioning has caused teachers to go back to the curriculum, to the timetable and to question the value of the skills and bodies of knowledge we attempt to impart to our pupils. At Uplands School this re-evaluation has begun to reveal some significant and surprising answers. A sheet of paper was placed on the staff-room noticeboard asking staff to identify what skills and areas of knowledge they would hope all pupils to have acquired or mastered by the time they left school. This produced a range of headings which did not directly relate to any one area of the existing curriculum. Nor were all these areas, skills, concepts and qualities actually being taught on the timetable, although many could be identified in a less tangible way in the 'hidden curriculum'.

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Some of the areas identified were self evident and predictable, such as skills in literacy and numeracy, although precisely what skills within these generalised areas were relevant and necessary gave rise to more debate and contention. Other areas were less obvious, and reflected, amongst other things, the changing nature of the world that these young people were preparing for. Sixteen main categories of skill and knowledge were identified:

Listening and talking skills
Reading skills
Writing skills
Number skills
Visual understanding and expression
Manual skills and dexterity
Physical and motor skills
Home skills
Knowledge of the environment and mobility around it
Knowledge of support services
Self-care and personal hygiene
Personal relationships
Vocational skills and knowledge
Leisure and social skills
Problem solving skills
General learning skills

This breakdown effectively creates a new curriculum model, which cuts across many traditional subject areas and seeks to meet the educational, social and emotional needs of all pupils before they enter the adult world.

The wider implications for this development, the problems of assessment, timetabling and grouping, are still being resolved and are beyond the scope of this paper. Here, it is appropriate to look at the present timetable for the school leavers' group and to observe the changes in their curriculum in the light of this internal response to the new external situation (see Table 3).

First, perhaps the most significant fact to observe is that there is much more evidence of pre-16 selection and streaming taking place in the final school year, a process which reflects the destination each pupil is likely to move towards on leaving school. Second, it is more problematic to illustrate a 'typical' leaver's timetable, since the curriculum analysis and measurement procedures accompanying them are now beginning to identify a collection of children across the year

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group possessing similar needs, (eg, poor language development). In other words, a process of setting is evolving which runs parallel to, rather than competing with, the chronological year group system.

Table 3: Uplands School: Leavers' Timetable 1983

	Morning		Afternoon	
MONDAY	Employment Class based work		Studies Communication Skills	T.V.
TUESDAY	Community Service or Class based work		Art or Geography	
WEDNESDAY	Link Course at local Technical College or Craft H.E. History Light Craft			
THURSDAY	Basic Subjects		Post 16 Visits (or follow-up work)	
FRIDAY	Basic Subjects	Health and Personal Relationships	PE/Games	Hobbies

It is now necessary to put some flesh on this framework by looking at some of these subjects in detail, clarifying their meaning and purpose, and outlining the ground covered within each subject.

Basic subjects

The literacy and numeracy skills taught deal directly with the skills needed in adult life and incorporate relevant aspects of modern technology, (eg, the use of calculators and micro-computers).

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Employment studies

The first point to note is that the umbrella title 'employment studies' is retained, thus endorsing our belief that ultimately all the pupils have the capacity to be employed in some way or form, and at some stage of their early post-school life. The course, like the rest of the leavers' programme, covers a period of two and a half terms, (ie, September - Whitsun), after which the summer leavers depart. In the autumn term, the question which is posed is "How can I choose what to do when I leave school?" The aims of the course in this term are:

(1) to make the pupils aware of the local and national employment situation;

(2) to help them to become aware of the range and nature of the alternatives open to them on leaving school;

(3) to help them to understand themselves in the context of the transition from school to adult life, and

(4) to help them to understand the practicalities of gaining appropriate placements, (ie, acquiring a job; applying for a Y.T.S. or F.E. course).

In the spring term, the pupils are asked to project themselves into the future. The question asked is "What will I need to know when I start a F.E. or Y.T.S. course, or when I start work?" This theme covers practical details, skills and information, (eg, "What must I remember on my first day at work/college?" "What are the differences I can expect between school and work?"). It also covers safety aspects, role of trade unions and more personal aspects, such as relationships with workmates/employers. The short summer term focusses clearly on the use of leisure time, the development of hobbies, sports and interests, and what to do if unemployed.

Community Service

The original concept of this part of the leavers' programme was to give the pupils the experience of helping people less fortunate than themselves, (eg, in old people's homes) and to offer them an opportunity to make a small contribution to society. This rationale still

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applies, but to it can now be added the need to introduce service to the community as a possible post school alternative, either in a structured way through an organised community based Y.T.S. course, or on a voluntary basis whilst unemployed.

Art

Examination success is not a priority, or indeed a possibility, for these children in most curriculum areas. However, it has proved feasible and beneficial for pupils with a degree of expertise in Art to undertake a two year course leading to a Mode I C.S.E. examination. The emphasis here is as much on course work as examination work. This gives a focal point, as well as a morale booster, to the children's creative work in their final two years. Whilst it offers only a minimal measure of school 'success', it could be an additional support in these competitive times to an application for a course or a job.

Geography

The analysis of our old curriculum revealed a lack of awareness on the part of many children of their own environment. Many felt they were in foreign territory when away from their neighbourhood estate and at the same time many had little knowledge of how to push out their boundaries. The Geography course is very much project-based and attempts to offer the opportunity to learn the skills of discovering new horizons and building up knowledge of their world. In the autumn term, a 'fictional' town is looked at in a class-based project, in which information and knowledge is extracted by analysis of photographs, drawings, maps and written information. After Christmas, the class divides into groups and carries out a survey of the estate in which the school is sited. This provides an opportunity for pupils to use initiative, organisational skills, and personal experience and to understand their local environment. Finally, the pupils go off into their own home neighbourhoods and, using the techniques of observing, recording and analysis acquired during the previous terms, make a study of their own home patch.

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Link course

Originally, this course, held at Brighton Technical College, was devised as a pre-vocational course for children from Uplands School. Subsequently this expanded to incorporate pupils from the remedial departments of comprehensive schools. It is now known as the Pre-Employment Project (P.E.P.) and involves over 200 pupils from the Brighton and Hove area. It is a three term course, with a different vocational area being selected each term. It has two main components: a weekly one-day a week commitment which is either Technical College or industry based, and a one week block work-experience placement which is related to the term's course. Some twelve of this year's leavers' group are undertaking this course: those who remain at school have a practical based school day. This latter group do three separate weeks of block work experience organised by the school.

For those on the course, the benefits go beyond the actual skills learnt. The challenge of the larger, more demanding, learning situation and the opportunity to meet new workmates from the comprehensive schools make this a very rewarding experience for those who succeed in the course. And, to our continual surprise, most do. There is the additional benefit for pupils of having gained some experience of Further Education and viewing it as a possible alternative after school.

Educational visits

Prior to the radical changes in the employment situation, virtually all the visits undertaken by the leavers' group were to places in open employment. The current programme of weekly visits reflects the widening range of post 16 options: it now includes visits to Further Education establishments, adult training centres, and Youth Training Schemes, as well as places in open employment. Relevant places offering leisure opportunities, such as youth clubs, community centres, leisure centres and sporting facilities, are also visited. A further set of visits is to offices and agencies in the town which leavers should be able to locate by themselves, such as the Careers Office, Town Hall, Social Security Office and Family Planning Clinic. For the socially more confident pupil, it is possible to widen horizons further to a general knowledge of other local towns.

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Health and personal relationships

The original health programme has been extended to include the social and psychological implications of changes in adolescence. Personal health and relationship problems are included in the programme, and the new scheme reflects a need to recognise the stresses and tension of adolescent life at a time when the adult world is becoming more and more challenging and threatening. Health visitors and other speakers are invited to contribute to the course, where it is appropriate.

Hobbies

An attempt is made to introduce leavers to a range of quiet games, activities, handicrafts and interests, in view of the likely increase in leisure time for these young people, whether they eventually attain work or not.

Conclusion

It can be seen that our school leavers' curriculum, whilst still faithful to the long-term and optimistic aims of preparing young people for eventual employment, does at the same time reflect a recognition of the existence of an increasing range of post school provision and of the varied and demanding social situations that leavers will face in adulthood. It represents a shift to a wider curriculum model that attempts to anticipate a range of educational, vocational and social needs, which become evident after school leaving.

It seems clear that special schools - and mainstream schools for that matter - must remain aware of the rapidly changing world around them, (eg, the advent of the computer) and thus should be prepared to adapt their curriculum in such a way to ensure that their pupils do not leave having been cocooned and sheltered from life, and naive about its challenges, opportunities and dangers. It should be the main aim of the curriculum to equip young people with skills necessary to enter and contribute to the world outside with confidence and competence.

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MEETING THE NEEDS OF ARTISTICALLY GIFTED BUT DISABLED YOUNG PEOPLE

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Jargon in any aspect of life is a type of shorthand usually comprehensible only to those within the same area of work. The field of education, however, 'borrows' from social work and medicine in addition to propagating a number of words and phrases barely intelligible to the layman. Confusion worse confounded, then, when initials suffice to label 'types' or institutions, educational method and assessment and the children themselves. ESNS, ESNM, PH, GCE, CSE, CEE, WEEP, YOP, BEC, TEC, YTS - the list is endless. An attempt to 'simplify' examinations at 16+ is afoot and schooling, other than 'mainstream', is labelled (because we can't escape a label of some kind?) 'education for special needs'. Provision is wide and generous - authorities appoint advisers and even specialist careers officers, 'special' funds are allocated.

What then at 18? Suddenly the young person has NO special needs? Child Guidance ends, physiotherapy ends, paediatric consultancies end, 'academic' studies end - and parents are faced with young people of 18 home for 24 hours of each day requiring stimulation, entertainment, care (in all its aspects) and companionship - perhaps for the first time since schooling began. Sheltered employment, day centres, workshops abound - as do residential homes of various shapes and sizes - but a person with 'special needs' tends to get swallowed up in that glorious phrase 'post-school provision for the handicapped'.

Teaching drama at a residential 'special' school for the physically handicapped, I found a growing anxiety among the intelligent severely disabled youngsters about their future. Some could not return home - NOT because of a lack of loving care and concern on the part of parents, but simply a physical inability to cope with the amount of care needed. If they were to live at home, what would they do each day? Make cane baskets? (I realise this has become an unkind joke and in no way would I wish to appear disparaging about the high standard of craftmanship attained by those who WANT to do this - it is lack of CHOICE which concerns me.) This lack of choice gave rise to the idea of establishing a residential creative arts workshop/studio in the community for physically handicapped young people and to that end a steering committee was formed to explore the need and research the provision.

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CRYPT (Creative Young People Together) held its first steering committee on May 14th 1981, the Constitution and Rules were drawn up on July 14th 1981 and the CRYPT Foundation became a registered charity on September 18th 1981. The first press release and publication of Brochure was in December 1981 and the official launch was in March 1982.

Writing one year later and approaching our second Annual General Meeting, it is time to take stock, evaluate the research and test the viability of an idea in the 'hard' world of unemployment, recession, cuts in the health, education and social services, commerce pulling back in giving to charities, and a general 'no-go to new ventures' feeling around public offices. The charity has gained in credibility as it has attracted the interest of a number of bodies looking at the Arts and Disabled People. Its administration has been assured for a further year by the Charities Aid Foundation Fund. Research (not fully comprehensive, as funding would not allow for a full-time officer) has revealed a wide range of opportunities in the creative and performing arts for the young disabled. SHAPE's* programme in bringing the creative arts to the disadvantaged must have whetted the appetite of many who have sought to set up drama, art and music workshops in their own areas. The success of the GRAEAE, a small drama company, is encouraging and an inspiration to many. However, nowhere have we found residential provision of the kind that CRYPT plans to offer. The stimulation provided by two to three week residential workshops in the creative arts HAS given rise to an eagerness to plan for 'something more' - fortunately the Committee of Inquiry into the Arts and Disabled People is providing a 'clearing house' of information to prevent unnecessary duplication.

CRYPT aims to offer short-term, residential, creative arts workshops for disabled youngsters in the community. All our Committee felt that one to three years would see the completion of anything we could offer and a 'fluid' population would prevent stagnation and its OWN kind of institutionalisation. The residences would be small and probably not purpose-built. They may be near, but not necessarily adjacent to, each other and would probably be not more than three or

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* SHAPE is a voluntary organisation which seeks to develop creative activities for handicapped and elderly and others in special need. (Address: 9 Fitzroy Square, London W1P 6AE)

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four buildings with three students in each. This would give around nine young people working together - augmented by local handicapped youngsters and able-bodied helpers (who themselves would have an interest in the arts). We are not looking towards results which may be regarded as 'good, considering', but work which was professionally competent and financially rewarding. We are fortunate in our location in Chichester for we have a number of artists, musicians, writers and publishers who have shown an interest and are willing to offer their expertise. We have built up connections with local colleges and 'continuing education' schemes and we would hope all young people would attend some group tuition.

After CRYPT? With increased skill and marketable talents, we would intend keeping in contact with our youngsters, encouraging them in independent living in the community, or returning home, or finding a place in a residential home. Our commitment to on-going counselling and post-CRYPT provision has involved us in further research.

Does anyone want what we aim to offer? Without indulging in individual case histories, we can say that there IS a need. We currently have fifteen young people who are 'interested' in CRYPT - and five who are ready to join in September - if we have the housing by then. We will be able to rent property locally with the council and a housing association, but we also plan to purchase our own property. Our greatest encouragement has come from one area social services officer who has persuaded her director to financially support a CRYPT aspirant as soon as a place is available.

No area of provision for the handicapped is more than barely adequate but we have found greater stimulation in day centres and considerably more 'small unit' residential provision for the mentally handicapped than for severely physically disabled youngsters with a burning desire to express themselves creatively.

We have been accused of having too idealistic objectives by those with pessimistic objections. Efficiency and expertise is being added to the team which leads CRYPT and additional funding is being sought as a matter of top priority. We are confirmed in our belief that 'special needs' do extend beyond schooling and CRYPT is committed to meet a small but significant area of these needs.

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DEVELOPING FURTHER EDUCATION PROVISION FOR HANDICAPPED YOUNG PEOPLE IN WILTSHIRE

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Introduction

Arising from the Warnock Report published in 1978, and in particular from Chapter 10, which focused on the transition from school to adult life, an attempt has been made in Wiltshire to develop provision for handicapped school leavers. Although the 1981 Education Act embodied much of the spirit of Warnock in strengthening the obligations of local authorities to make special provision for children at any age, the Report's comprehensiveness, and the aims, principles and philosophies it advocated, are likely to remain a major point of reference for the further development of services here and elsewhere.

The Warnock Report defined as one of the goals of special education that of enabling young people to enter the world after formal education is over, as active participants of society and responsible contributors to it, capable of achieving as much independence as possible. The Committee viewed the final years of formal education between the aged of 16 - 19 as crucial to the achievement of this goal. Indeed it picked out education for young people over 16 with special needs as one of their three priority areas requiring urgent action. Among the specific recommendations which they made, were the following:

(1) That specialist careers advice for young people with special needs be made more widely available.

(2) That a co-ordinated approach to further education for young people with special needs be adopted and publicised by the local education authority within each region against a long term plan within which arrangements for individual institutions can take their place.

(3) That a variety of forms of further education be made available in order to meet the full range of special needs. This should include support for students with special needs to take ordinary courses, where appropriate, and for those with more severe disabilities, that special courses and facilities be provided in a special unit in each region.

(4) That the necessary financial support be made available to enable young people with special needs to undertake courses of further or higher education.

The Report went on to state that: "It is in society's own interest

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to invest more in opportunities for education, training and other forms of support for these young people in order to minimise their disadvantage. Our own experience and impressions from visits to schools, colleges, training establishments and other institutions, suggests that people with special needs are often unemployed or under-employed simply because they are not provided with the help at the right time. We are convinced that resources spent on further education and training facilities, and on support for these young people, before and after they leave school, will in the long term reduce their dependence on the Social and Health Services and thus the cost to the community of supporting them."

In January 1979, reflecting the interest and activity generated by the Report, a Working Party of the Education Committee which had considered the question of post 16 provision for handicapped pupils in Wiltshire, recommended that the following provision be included in the Education Department's development plans:

(1) A system for the identification of need and co-ordination of action through the appointment of a named person.

(2) Extension of facilities for handicapped young people to stay at school beyond 16.

(3) An increase in the number of work experience units at special schools, similar to the unit at Crowdys Hill, Swindon.

(4) The establishment of assessment and work preparation courses at Chippenham, Salisbury and Swindon Colleges similar to the course at Trowbridge College.

(5) Improvement in facilities for handicapped students at colleges of further education to enable more students to attend normal courses; also the appointment of specialist members of staff at all colleges to be responsible for handicapped students.

(6) Extension of out-county residential placements, and the provision through joint Education and Social Services budget procedures of assistance to students to attend other further and higher education establishments.

(7) Provision of special care facilities at adult training centres and the continuation of the policy of providing a major education element for young people within the centres.

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(8) Extension of the Adult Education provision to those handicapped young people who have to remain in hospital for the time being, and to encourage day centre provision outside hospitals.

(9) To make every effort to increase protected employment and training for the handicapped, over and above the two sheltered workshops in Swindon and Salisbury.

(10) To improve and increase transport and lodgings to enable handicapped young people to make full use of the whole range of provision within the county.

As a result of these recommendations, the Committee resolved that the County Council should accept the principle that appropriate preparation for work and adult life to all handicapped young people up to the age of 19 years should be sought. Against these national and more localised aims, developments prior to and since 1979 will be described, namely, aspects of identification, assessment and co-ordination; the development of further education and training provision; and alternative employment opportunities.

Identification, Assessment and Co-ordination

Even before the publication of the Warnock Report, there had been an acceptance in Wiltshire of the advantages of a multi-disciplinary approach towards meeting a young person's needs. This recognised a continuum of events and procedures affecting the transition from school to adult life which required an overview and a co-ordination of services. This continuum extended from the identification and assessment of needs and the advice and support accessible to the young person and his family, through to his preparation for adult life by means of an appropriate continuing education and training and, finally, his placement in suitable provision, whether it was some form of employment, day centre, or residential facility.

The identification of young people with impairments or disabilities commences some two years before they are eligible to leave school. Lists of ascertained pupils, and other young people with potentially handicapping conditions, are sent to the four area careers centres by Education Special Services, Social Services and the Health Authority*. This information is then incorporated within a central

* (This procedure has as yet to be negotiated with the new Health Districts.)

register system, which aims to record relevant data about the young person, (eg, current placement) and to provide basic information for area planning purposes. A meeting follows between the specialist careers officer from each of the areas and team leaders from the Social Services offices. As a result, a case liaison officer is allocated to all of the 200 or so ascertained (for whom, in future, there will be a statement) and to other handicapped young people, whether they are in county or other residential schools. This central liaison role, normally undertaken by the careers officer or social worker, has operated since 1976 to offer advice, guidance and support to the young person and his parents throughout the 14-19 period, or longer. During the transition from school to adult life, the officer liaises with the various panels and case conferences on the young person's behalf, as well as offers support. He also endeavours to help the client work through the myriad of agencies and organisations which confront him during this uncertain and vulnerable period of his life. This role, identified in the Warnock Report as the 'named person', has, unfortunately, not been endorsed in its original form by the legislative process. However, the benefits to the young person and parents which could accrue, convince us of the need to continue and strengthen the role. A further development has been the designation of a nominated teacher as a contact person for matters concerning special needs in schools.

The Warnock Report recommended that a pupil's special needs should be reassessed with future prospects in mind, at least two years before he is due to leave school. No doubt this aspect will be strengthened with the introduction of the 1981 Act. In Wiltshire, the case liaison officer is expected, during the penultimate year of statutory education, to identify and discuss future needs and aspirations with the young person, in co-operation and consultation with parents, teachers, psychologists, and other professionals. To strengthen the procedure, a small school-based case conference system convened by the head teacher was introduced to special schools in 1982. This is attended by the specialist careers officer for the area, a link social worker allocated to the school, and whoever else may be concerned at that point in time. Discussion with the parents over the question of appropriate formal

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post-16 provision takes place before and after these meetings. These conferences link with the various panels and committees established by Social Services and Health Authorities, as the need for continuing communication, understanding and planning between these bodies is seen as crucial to the effective operation of the system. As part of a continuing consultative process, modifications in existing arrangements are being investigated with a view to improving efficiency and effectiveness.

Where suitable further education or training provision is not available locally, or where a young person is recommended to remain at school outside the county, the case liaison officer is responsible for organising a submission to a county handicapped school leavers' panel. The panel comprises senior members of staff from special education, the careers service, the schools psychological service and social services. Meeting several times a year, the panel considers between 50 and 60 new cases a year which are referred to it by case workers. It is also responsible for maintaining an overview of provision and allocating financial support. One of its unusual executive functions is to deal with cases in terms of budget provision within both education and social services. Some examples will illustrate the flexibility of this approach:

(a) a co-ordinated approach to the provision of specialised equipment, transport, personal support and special accommodation may be required for a young person entering higher education;

(b) help with interpretation may be required to enable a profoundly deaf youngster to complete a local college course;

(c) a young person with a progressively debilitating condition may need to be placed in residential care with social services funding, but with the costs of further education being met by the Education Department;

(d) attendance at specialist colleges, such as Hereward College or the National Star Centre, may be required.

In this way, the panel attempts to support the case liaison officer in planning over a reasonable time, usually two or three years, to meet as many of the identified needs of the young person

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as possible. As a result of these arrangements, some 30 to 40 young people a year are assisted with day or residential placement in specialist schools or colleges and many more are assisted with the kinds of individual finance and support arrangements described earlier.

There are certain points, preceding a particularly important decision point, when a comprehensive assessment of needs and aspirations is required. This may provide information on which advice can be based and decisions made. As a matter of course, reports and individual professional assessments of needs are drawn together from the various sources by the case liaison officer. During the penultimate year of school, in readiness for interview and home visits, standardised reports are requested for all 50 or more youngsters attending schools outside Wiltshire. However, it has been accepted for some time that the present methods of assessing future needs are not adequate for many youngsters, and pilot 3-day assessments away from the school environment have been run. These assessments seek in a systematic way to observe the behaviour and performance of young people in individual and group situations. The assessments are undertaken by a team of careers officers and teachers. Residential assessment courses run by The Spastics Society are also used, where it is appropriate. For the past two years an assessment scheme has been arranged, in conjunction with the Odstock Medical Rehabilitation Centre, to cater for the more severely physically handicapped youngster, so that assessments can be made of such aspects as daily living activities, personal care and hygiene, and certain basic work skills. Discussions, and participation in a range of interest and leisure activities, also take place. Where necessary, the assessments are followed by advice and/or treatment which seeks to improve the independence of the youngster.

Development of Further Education and Training Provision

It has been recognised that a broad range of options are required to accommodate the diversity of needs of handicapped young people and to make some recompense for the level of disadvantage that they suffer in many aspects of their lives. However, as the Further Education Unit reminds us:

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> "There is a need for rationalisation in order to avoid wasteful duplication of effort, to ensure that lessons from others' experiences are learnt, to eliminate gaps in provision and above all to maximise the efficient use of resources. On the other hand, it must be realised that careful planning cannot, and should not, eliminate diversity and that there should still be enormous variations. This emerges clearly if one looks at the tasks in terms of adapting mainstream provision, so that it is effectively open to a wider range of students, including many with special needs."

In common with many authorities, there are moves towards greater integration of young people with special educational needs into county schools and there will be, inevitably, more youngsters wishing to remain in education beyond 16. In many cases their needs will be met quite appropriately at school, subject of course to the same review and reassessment procedure mentioned earlier. However, a specialised programme devised to meet a pupil's needs may only be achievable if it is organised on a collective basis and it acknowledges that these needs may change as growth, learning and independence of thought and action occur. It has been a particular feature in recent times to note the increasing number of pupils who, having coped with their local schools for 10 years or so, possibly with specialised tuition or support, face, at 16 or later, the possibility of entering a residential institution providing specialised further education. This kind of provision may offer specialised approaches to personal and social development, combined with individualised learning and experiential opportunities, which are essential to the pupil at that point in time. The changing attitudes and needs of a young person can best be exemplified by the case of a very severely handi ed young lady, who did not wish to remain in the residential special school which she had attended for many years, for she wanted to identify with her able bodied peers and live at home. Two years later, after having gained considerably in personal development from attending a local college, but also after having experienced some personal and familial trauma at the same time, she wished to re-identify with her disabled peers in a residential course at a special further education college. (It should be added that the local college had very rapidly carried out adaptations to accommodate her physical needs.) A high

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degree of personal success was ultimately achieved by this determined young lady. She gained independence and, with support from Hereward College which was her last placement, secured a job in open employment. Such cases offer a particular challenge to us.

One approach to meeting the continuing educational needs of handicapped pupils within its colleges of further education has been the development in Wiltshire of assessment and work preparation courses, one of which has been described by Howard Brayton in a previous article in this journal, (Brayton, 1981). The Trowbridge course, launched in 1975, now caters for up to 40 students representing a wide variety of physical, sensory, mental and emotional handicaps. Facilities at the college include new and specially designed accommodation with a workshop, special toilet facilities and lifts, thus permitting access for the more severely physically handicapped to all college departments. Trowbridge College will take a step towards providing a further valuable County facility when, early in 1984, purpose-built hostel accommodation, provided by the Bath and District Spastics Society and managed by the Shaftesbury Society, will enable a further group of up to 10 physically handicapped young people to attend courses. Students will then be able to benefit from a full seven day programme, organised by the hostel, college and other staff, which aims to promote independence.

In 1982, assessment and work preparation courses were started in Salisbury and Swindon and, during 1983, a course will commence in Chippenham. In starting this form of provision, it was one of our aims to provide accommodation within the main college buildings in order to encourage integration and access to other departments. This has not been realised in two cases, and a split site in a further case raises other difficulties. Nevertheless, the intention is to keep the situation under review as building programmes are considered.

A particularly productive feature of developments in Wiltshire has been the very close co-operation between the voluntary and statutory sectors. In 1977, in close consultation with social services and education departments, Fairfield Opportunity Farm, which offers personal and social development through rural training for the mentally handicapped, was set up at Dilton Marsh. Since 1977, it has extended its facilities to include hostel accommodation and

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sheltered horticultural employment. It has also established close links with both the local adult training centre and assessment and work preparation course, through the medium of programmed placements. More recently, Wentwood Education, an independent establishment aiming primarily at meeting the needs of the severely mentally handicapped, was set up at Melksham. Wentwood offers a well organised and balanced programme of social skills and independent training and general education. It is situated very close to the town centre, which in itself offers unusual opportunities for contact and integration with the local community.

In 1982, the Adult Special Education Service of Swindon College launched a Personal Development course at Burderop Hospital. This is aimed at severely mentally handicapped young people, in particular those with marked emotional and communication problems. This facility should be extended in the near future to the Pewsey Hospital, although a more appropriate community setting for these courses may need to be considered in the longer term. Also in the Swindon area, Jubilee Gardens, a horticultural training project for the mentally handicapped, has been set up with very close links with the adult training centre and the local college. This extension of facilities now allows for some movement between different forms of provision which did not previously exist. These developments meet one of our major objectives, which is to provide an opportunity for continuity and progression.

Some reference should be made to the Youth Opportunities Programme and its successor this year, the Youth Training Scheme, not least because of the considerable attention devoted to this aspect of preparation for work in the Warnock Report. There is no doubt that the YOP has been of benefit to some handicapped young people, primarily through its flexibility and the opportunity it afforded careers officers to negotiate access to, and influence the nature of, the experience to be gained. With the creation of the new scheme some of these advantages have been lost, at least for the moment. It is to be hoped that the intention to provide an improved training scheme, rather than a work experience opportunity, will benefit many handicapped young people, whether they are considered capable of open or

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sheltered employment. While wishing to encourage entry to the scheme at all points, where it is appropriate to the needs of the young person, a welcome development would be the provision of one year work introduction courses with a sufficiently broad and flexible content to accommodate those with learning difficulties and who may have completed an assessment and work preparation course. One of the constraints, at present, is that the standard off-the-job training and the further education element of thirteen weeks is most unlikely to cater for the diverse learning difficulties and deficiencies in personal and social development presented by many handicapped young people. It should be added, however, that some parts of the new scheme have evolved from the YOP, so that valuable experience and understanding of young people with special needs has been acquired. In theory, a handicapped young person may be allowed access to the YTS up to eighteen years of age. This age limit may well be extended in the future. There is an opportunity, therefore, for an integrated approach with the assessment and work preparation courses and other courses of further education, together with the YTS, providing three years or more of planned further education and training. This should enhance an individual's ability to enter and sustain some form of open or alternative employment.

Last, but by no means least, further progress has been achieved with the establishment of an Industrial Unit at Allington School, Chippenham. This carries forward the proposal to extend the number of pre-sixteen work experience facilities beyond Crowdys Hill. These units provide an opportunity to develop particular basic work skills in an industrial environment.

Alternative Employment Opportunities

It has become apparent that open employment will not provide enough opportunities for handicapped young people and consequently the traditional expectations of obtaining work will be denied to them. Such a view has led many people to the conclusion that alternatives must be sought in order to prevent boredom, apathy and depression among one of the most vulnerable groups in our society and that ways need to be found to give a sense of purpose and meaning to their lives. With this perspective in mind, the Shaw Trust was formed in 1981 to promote

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and establish alternative training and employment opportunities for the handicapped. To date, it has achieved considerable success and a programme of expansion is scheduled for next year. Initially, focussing on sheltered industrial groups, it has provided almost 30 opportunities in a variety of occupational settings for handicapped people. The main aim of the Trust is to help those young people completing the assessment and work preparation courses and other specialised courses. New initiatives are in hand to support the existing sheltered employment workshops and to create other forms of provision, such as a specialised horticultural training facility in the Trowbridge area. The education and social services departments have been closely involved with this development and, while the Trust will be a particular focus for assisting the handicapped in finding alternative types of employment, efforts will still be made to settle the handicapped into suitable open employment, by using various subsidies and training arrangements, where appropriate. There is, however, ample evidence to indicate that many youngsters will have to adjust to different life styles in the future. As a corollary, those responsible for planning and running further education and training schemes will also need to accept that 'work is for man, not man for work', and that a more holistic approach to learning and preparation for adulthood is required.

The Way Ahead

It has been acknowledged in this article, not only that improvements need to be made in the services provided, but that the environments created must contain the stimulation and support that will promote learning and independence. Mainstream further education needs to be more accessible to the physically handicapped and an expansion in educational provision for the severely mentally handicapped is required. One approach could be to extend the role of the present assessment and work preparation courses into broader based special needs units which could not only provide courses for the handicapped but could operate more in an advisory and support role to other college departments, thus enabling young people and adults with learning difficulties to gain entry to normal courses. They could also offer day release and out-reach teaching to day centres and other facilities in the catchment area.

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All existing courses will require review in the light of the need for a county-wide system which offers continuity and real options: a system which will have credibility in the eyes of parents and others. Indeed, a review of 16-19 provision for those with special educational needs is likely to be undertaken in the near future to examine the kind of issues which have been discussed in this article. The aim of such a review would be to take a further step towards developing a comprehensive and coherent structure of educational and training facilities for the handicapped in Wiltshire.

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THE OLD AND THE NEW - A RADICAL VIEW: THE CERTIFICATE IN THE FURTHER EDUCATION AND TRAINING OF MENTALLY HANDICAPPED PEOPLE

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Wessex Studies in Special Education, 1983, Vol. 3, pp. 165 - 174

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A new form of training was recently introduced at the Humberside College of Higher Education which attempts to retain the best aspects of previous education and training courses for staff dealing with mentally handicapped people. An attempt has also been made to introduce a new and more radical approach to the changing needs and service provision and attitudes of staff members working directly in this field.

The history of training for staff in this work can be traced directly back to the Diploma in the Further Education and Training of Mentally Handicapped Adults (D.T.M.H.A.). When the D.T.M.H.A. was introduced in 1960 in its original form, it was the only course in existence at that time which dealt exclusively with the education and training needs of mentally handicapped adults attending local authority adult training centres, (ATCs). It was therefore almost inevitable that some other institutions and agencies providing similar types of service for mentally handicapped people preferred to train their staff members through the D.T.M.H.A. rather than other perhaps less directly relevant courses. For example, social services departments of local authorities, in particular, seconded large numbers of their staff working in adult training centres throughout England and Wales to colleges offering the D.T.M.H.A. course. The D.T.M.H.A. course was of one (full-time) academic year's duration. The course content, in its more usual form, included two block placements each of a five week period, usually carried out in mental handicap hospitals or in adult training centres.

The philosophy of the D.T.M.H.A. was basically to provide training of a practical nature oriented towards the needs of mainly local authority staffs. Inevitably, therefore, subjects such as woodwork and metalwork were given an important emphasis in addition to the theoretical content, which included subjects such as social psychology, medical aspects, teaching methods, etc. During the intervening years, many changes have taken place in, for example, public opinion, legislation, pressure group activity, and the provision (commencing about 1960) of many more purpose-built local authority establishments, (eg, ATCs, hostels). The cumulative effect of these changes produced a need for complementary changes in education and training; this had

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direct implications for the D.T.M.H.A. course. By about the early 1970's, the body responsible for educational standards and course validation (The Training Council for Teachers of the Mentally Handicapped), and other interested agencies, were already considering a whole variety of possible changes both in the structure and content of the D.T.M.H.A. course.

In 1974, due to major changes in central government policy, the Training Council for Teachers of the Mentally Handicapped was replaced by the Central Council for Education and Training in Social Work (C.C.E.T.S.W.). The new body was allocated overall responsibility for the course content and validation of courses, such as the D.T.M.H.A., the Certificate of Qualification in Social Work (C.Q.S.W.) and all other training connected with the provision of social services. By about 1978, C.C.E.T.S.W. had taken the decision to phase out the D.T.M.H.A. course and to replace it by a new generic form of training, namely, the Certificate in Social Service (C.S.S.) and in practice this meant that the D.T.M.H.A. course effectively came to an end, nationally, in 1981.

Amongst those who were actively considering change in the field were some college tutors who had a wide experience of lecturing on subjects included in the D.T.M.H.A. course located in the (now) Humberside College of Higher Education. These tutors had previously contributed to a proposed national model of training compiled by a consortium of organisations interested in the retention of specialised training for the staff of ATCs. This proposed model, which emerged about 1980, was subsequently published by the consortium's representative body, (ie, the Joint Consultative Group) in the form of a document setting out their ideas and recommendations for a two year course for professional staff involved in the continuing education and training of mentally handicapped adults.

These proposals represented a broad consensus of opinion of the people involved at a number of different levels about the identification of training needs for the staff concerned. For example, contributions came from full-time professional staff working in the field, pressure groups and academic bodies involved in research studies in this area.

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About this time some members of staff of the Humberside College of Higher Education decided to think again about the problem of providing an adequate course of education and training for people working in this field. There were a number of key factors which seemed to demand their fairly urgent attention. Firstly, the C.S.S. Scheme, which appeared to be an adequate form of training at a generic level for all staff working in social services departments, did not appear to have the necessary amount of specialisation required by staff working in the field of mental handicap. Secondly, given that the D.T.M.H.A. course had by this time ceased to exist, there were no other courses of an appropriate nature available to staff dealing with mentally handicapped adults and this situation produced an educational vacuum. Thirdly, the move by the government to get mentally handicapped people back into the community appeared to be taking on a new and greater emphasis, therefore all staff members of the organisations concerned would obviously require to have a much greater knowledge of the total provision currently existing for mentally handicapped people in the wider community.

It was at this point that the tutors concerned in Humberside decided to set up a planning group to try to produce a course which would be able to cope with these new developments. The first requirement for the course planners was obviously to produce an essentially different and more radical philosophy to meet the changing demands placed upon members of staff working in the field and, at the same time, to include other educational and training aspects which were specifically designed to improve the quality of life of mentally handicapped people generally. Up to this time, the total provision for mentally handicapped people had been fragmented in an ad hoc manner between many different organisations and agencies, ranging from central government on the one hand to voluntary organisations on the other. The result of this structural arrangement was that those organisations providing services of various kinds tended to work in relative isolation. This, in turn, led to a lack of cohesion and overall control of the system. In too many instances staff in one organisation, for example, a mental handicap hospital, would be in total ignorance of the provisions and opportunities offered, say, in an ATC within a local authority, or vice versa.

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It was therefore decided that any new course that might be provided in the future would have to be designed so that course graduates would have a reasonably comprehensive knowledge of, and familiarity with, all types of organisations concerned with mentally handicapped people. This would then give staff members the necessary competence to work in any of the organisations concerned. It would also provide staff with the necessary competence to participate in, say, case conferences, where critical decisions would have to be made regarding a client's future development and/or geographical/organisational location.

The intention of the planners was to get away from the idea of a very narrow specialism where the training was co-ordinated solely on the needs of one kind of organisation, (eg, ATC) and, on the other hand, to avoid adopting a too wide and a rather vague generic approach to the training problems of staff involved in this work. The crucial factor in finding a suitable course philosophy involved concentrating wholly on the needs of mentally handicapped people and therefore on the training needs of the staff concerned with them.

The new philosophy designed to meet this aim could be briefly summarised as follows:

(a) it was thought to be desirable to retain not all, but some, of the most important educational and training characteristics of the D.T.M.H.A. course. For instance, the techniques of personal assessment, programming, and training were to be carried further and, generally, on a more sophisticated level than had previously been the case with the D.T.M.H.A. course. This obviously implied that the new course would in this respect, be even more specialist than its predecessors.

(b) that a greater degree of generic knowledge about organisations in terms of their purposes, availability, and functioning would have to be included. This would entail a fusion of the social policy and organisation theory syllabi.

This, then, was the way in which the course planners sought to bring together the old and the new philosophies concerned with the education

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and training of staff working in this field.

Turning to the question of the quality of programmes and provision for developmentally handicapped young people and adults, the course planners have also tried to integrate theory and practice. The first requirement was to provide the students with a framework of basic knowledge about the medical aspects of mental handicap. It was felt that this would provide the student with an adequate working knowledge of the medical 'jargon' and categorisations encountered in much of the literature in this field. The same problem also arises in documentation, (eg, case files). It should be clearly understood however that there was no intention to give the students a deep medical knowledge of the condition of mental handicap.

Another equally important consideration confronting the planners was how to ensure that students were given both the theoretical knowledge and practical skills necessary to make adequate assessment of mentally handicapped people's abilities, needs, and potential. This was to be done by carrying out 'integrative exercises' in specific organisations, (eg, special schools, ATCs, hostels) so that students could learn the principles of observation. This was to be followed up by further sessions where students were asked to use these observational skills in the production of assessment profiles of mentally handicapped individuals. In addition, this was to be further reinforced by requiring the students to carry out further work in this area which involved additional interviews and the testing of abilities using appropriate assessment tools.

By utilising the observational, assessment, testing and interviewing activities, students are required to construct and implement suitable programmes which would improve not only the quality of life of the mentally handicapped individual in general terms, but also assist the individual to reach the full potential of his/her capabilities.

In order to develop the students' abilities further, in the direction indicated, the students are also required to carry out a similar kind of exercise but this time, on a group basis, in an organisational setting. This requires the student to participate in three

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block placements during the course and the intention here is not only to provide assessment, teaching and training programmes for the individual mentally handicapped group member, but also to assist the student in designing appropriate activities for the purposes of group participation.

Since these block placements are of approximately eight weeks duration, it gives the student a good opportunity not only to work on a full-time basis with the people concerned, but to produce training and educational programmes of a high standard. This fieldwork is complementary to the theoretical studies carried out by the students during their course time in college.

All the work described above is further reinforced by studies in psychology which concentrate on the psychological characteristics and development of the normal individual. This is then used as a comparative basis for similar studies with mentally handicapped people. The main thrust of the psychology syllabus is concerned with human growth and development, individual differences, learning theory and the acquisition of social skills.

As mentioned previously, the course planners were of the opinion that a course of this kind would have to include a study of some specific aspects of social policy. This was so because of the current government policy which is oriented towards integrating mentally handicapped people into the community from various institutions, (eg, hospitals). Given these considerations, it was decided that the content of the social policy syllabus should include, for example, items such as: the origins, development and structure of the contemporary welfare state; the contribution of voluntary organisations; the provision of statutory and voluntary services for mentally handicapped people and their families; special problems and current issues involved in the field of mental handicap; and comparative studies of services in different societies.

The intention in this case was to provide the student with the necessary knowledge to enable him/her to participate, when necessary, in case conferences and reviews or other activities which would vitally affect a mentally handicapped person's future life and/or career

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prospects. This clearly demands that the student should have a good working knowledge of all the relevant organisations concerned and the services that they individually and collectively can provide.

The course planners also believed that, because the majority of the work with mentally handicapped individuals is carried out professionally in various complex social organisations, it was essential to include some study of these organisations. It was recognised by the planners that this area had unfortunately been neglected in all previous attempts to educate and train staff in the field. The inevitable result of this, it had long been noted, was to leave many members of staff with the mistaken view that such organisations should be regarded as immutable 'givens' with no potential for change. The planners felt strongly that this view should be discouraged and students should be encouraged instead to view organisations in terms of their structure and process and not merely as means to achieving some stated end goal. In short, students would be encouraged to view organisations as appropriate tools to help them carry out their work: tools which should be malleable enough to be sharpened or redesigned or even discarded as the necessity arose. With this more radical attitude in mind, the planners felt that students should also be encouraged to view their social organisations as phenomena about which they should be able to exert some degree of influence, at least, regarding the choice of strategies, operating policies and procedures.

This more innovative and radical approach to organisations, it was hoped, would make it possible for the student to adopt a much more flexible view of their organisation and discourage the more dogmatic and rigid perspectives which had previously been all too evident in staff members of such organisations.

In order to achieve these aims, the organisation theory syllabus includes, for example, the following areas of study: introduction to the concepts and definitional problems associated with social organisations, social organisations viewed as 'open' systems, analysis of the primary dimensions of organisational structure, the role and function of groups in organisations, the significance of conflict, and analysis of organisational climates, role theory and leadership

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problems. Aspects of personality theory are also included, (eg, the self concept).

Ultimately, it was agreed that some item had to be included in the course which would reinforce the students' self motivation. This took the form of a special study to be carried out by each student in an area of their own choice which was concerned, however vaguely, with the field of mental handicap. The idea was that the student should develop a set of general aims from which a set of specific objectives could be derived. Each objective is given an appropriate methodology to provide the student with an opportunity to collect the necessary data/evidence. The student is also expected to carry out a reasonably comprehensive review of the appropriate literature associated with his/her special study. The student is then required to collect the necessary data in a practical setting and present it as a balanced and unbiased view and interpretation of the subject matter. It should be stressed at this point that the special study must be concerned with some practical issue or problematic area which preferably lends itself to objective measuring techniques. It should also be noted that the second important characteristic of the special study is to train students to carry out investigative activities in a controlled and disciplined manner. It may be regarded as an extra bonus that the special studies so produced might be of great assistance to practising professionals in the field.

In conclusion, it can be said that this course has attempted to retain the best elements of the traditional educational approach in the field and also to include the newer elements, such as social policy and organisational theory. Collectively, this combined approach attempts to widen a student's knowledge of the total provision for mentally handicapped people and their families and, at the same time, to train the students to cast a critical eye over the structure and process of their particular organisation. It is felt that this should produce a much more creative, participative and innovative set of attitudes in the individual towards his work.

It is our belief that a course of education and training of the kind described will not only produce a much better service for mentally handicapped people by creating an enabling environment, but will greatly improve the quality of life experienced by mentally handicapped individuals.

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Chazan, M. & Laing, A. (1982) The Early Years
The Open University Press

Reviewer: Mollie White, King Alfred's College,
Winchester, Hampshire

The absence of statutory educational provision during the early years has produced its own dynamic. A complex and often bewildering network of support systems designed to meet the needs of the young infant has developed. Any newcomer to the field is faced with a difficult task. Not only is the nature of the available support complex but it varies from place to place. There is an understandable temptation in the mind of the educational professional to want to 'tidy up' the existing situation but the continuing reluctance of central government to fund such intentions tends to stimulate individual initiatives rather than encourage the implementation of general policies.

Are there advantages in this situation? At best it can provide a number of options for any parent and child, and if educational policy with regard to the child with special needs is to look first at those needs and then to design appropriate intervention, rather than to fit the child into existing provision, then a wide variety of possibilities is essential. Difficulties arise in finding one's way through the maze of possibilities. Professor Chazan and Dr. Laing, authors of The Early Years, make excellent guides.

They begin, as we are recommended by the Warnock Committee, with the child and a definition of 'special need'. Their view of such need is wide. It does not focus solely on handicap or serious learning difficulty. Indeed they suggest that since certain behaviour can be regarded as handicapping in one situation and not in another, then the word itself is misleading. They prefer to look at handicap as part of a continuum of need which embraces, in the words of the Warnock Report, "any child who is likely to experience failure".

Assessment and identification of such wide ranging need requires sensitive instruments and detailed information. Involving parents at

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every stage, while preparing an individual assessment, allows us to draw upon their vital experience with the child. It also allows us to build up the relationship between parent and professional that is vital for everyone concerned with the child's future. Chazan and Laing suggest that this relationsnip should begin as soon as there is any suspicion of failure and, in particular, when the child is handicapped. The role of the professional who brings such news to parents is discussed in detail, together with the continuing responsibility the professional has in providing parents with the kind of support that was in the minds of the Warnock Committee when they suggested the provision of a 'named person' for families with a handicapped child.

Close liaison with families and more sensitive assessment can lead to the needs of the child being met and monitored in a variety of settings: in the home through home teaching and advisory services; in nursery classes and playgroups, including opportunity groups; in purpose built classes attached to mainstream schools and in special school classes. The authors describe and evaluate these various alternatives and illustrate with five case studies the advantages of particular provision.

Separate sections of The Early Years are devoted to language and behaviour problems expressing the importance of these two areas in a widening view of special need. Again, assessment and possible interventions are discussed and described in detail with the emphasis, as before, on differing responses appropriate to individual needs. The child with language problems may, for example, be appropriately placed in a compensatory and enriched environment, such as a nursery class. He may, however, require an approach which focusses on direct instruction using specialist language programmes, some of which are briefly described in the text. Here the group setting would be selected according to the availability of such a programme.

In their discussion of behaviour problems, the authors comment on the difficulties which all parents can expect to meet in managing the behaviour of their pre-school child and discuss the social and family problems that can exacerbate these difficulties. The discussion sounds a 'cautionary note' against labelling the young child's 'difficult' behaviour in any negative way. Intervention strategies can be seen as experimental and, for success, depend upon close liaison between all

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the adults who have a role in the child's life while they are arriving at an appropriate response to the problem.

The considerable quantity of information provided by this relatively slim volume is presented clearly and simply. It is directed at anyone concerned with the care of the child with special needs: parents, teachers and allied professionals. Readers will find each section supported with excellent bibliographies and additional appendices, which include relevant background reading; information on professional and self-help pre-school provision; references to research aimed at new initiatives in pre-school provision, and research evaluations of current practice. These give the book an authority which supports the sensitive response the authors demonstrate throughout, and which they see as vital to the crucial development that takes place during the early years.

They conclude with a plea for money, both to finance additional training for teachers, doctors, health visitors, social workers, and therapists, and to increase the support given to pre-school provision. They comment however that there is still much to be achieved that does not require vast expenditure. A more imaginative understanding of the child with special needs can open opportunities that are currently denied him through the ignorance of those in charge. Part of the strength of this book lies in its ability to reduce that ignorance with its wealth of practical information. Yet inevitably that information must date. Already, for example, there are specialist programmes in use which are not listed in the text. Its greater strength lies in its presentation of the flexibility of approach required by every professional and parent who responds to a young child with special needs.

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Devereux, K. (1982) Understanding Learning Difficulties
Open University Press

Reviewer: Ewart Smith, Maple Ridge School, Basingstoke, Hampshire

This is another book in the 'Children with Special Needs' series for which the publishers claim that all their authors have written "penetrating and practical books readily accessible to non-specialists". Kathleen Devereux's book measures up well to this claim on all three counts. Every chapter is interspersed with accounts of individual children and their difficulties, from which both teachers and parents will glean practical advice. Most readers will admire, and hope to emulate, the author's obvious empathy with these children but how welcome it is to be reminded that "feelings ... ... even when they are sympathetic, are not enough". The clear implication is that it is necessary to add some useful knowledge to kindness and this is indeed a very readable summary of accepted theory that can be understood without a background in psychology or education.

It may seem an impossible task to give an adequate account of learning theory and suggest applications in less than one hundred and thirty pages, but this is just what Kathleen Devereux has managed. Furthermore, she has related it to a wide range of age and handicap for, amongst others, we meet Hassan who is "inaccessible to education", Jane with Down's syndrome, Leo who is deaf-blind and mentally handicapped, and Mary who could not walk. At the same time, those not familiar with current teaching techniques are introduced to signing systems, rebuses, the importance of body image, and many tests and teaching materials.

The concept of children with learning difficulties is not new but it is appropriate that this book should appear at a time when the phrase has acquired legal status in this country. Those of us who believe that the change is a far more fundamental one than just altering the labels will welcome the message that it is the learning process we need

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to study since its principles apply to all children, whatever their ability. What is common to children with special needs is that every one of them experiences difficulty with one or more parts of this process, but the difference is one of degree, not principle. Indeed, there are no "principles of learning that apply only to the handicapped".

A review of learning theory as it applies to human infants proceeds succinctly through classical conditioning, reflexes in babies, operant learning and both motor and verbal learning chains. The value of spending considerable time establishing a secure base is emphasised, in spite of pressures and temptations to move on, because higher order learning skills are more easily acquired if firm foundations have been laid.

Attention is discussed in two parts: objective and subjective factors. It is, of course, in this area that many children in special schools have a dual problem. Not only do they find it difficult to take notice, but they often cannot distinguish what it is they need to notice from what is irrelevant. Our attention is drawn to their need of 'learning to learn' and there are many and varied suggestions as to how they can be helped.

Integration is described as behaviour that manifests itself in automatic sequences and considered under the delightful heading of "The Well-Trodden Pathways". When talking of this process of "making sense of what is noticed" the author points out how often she is concerned with what others call perception. Indeed, after describing schemata, imitative practices, automatic responses, anticipation and prediction, she comes inevitably to the particular problems encountered in these areas by children who have perceptual handicaps. Nevertheless, where no damage to the brain exists, we are urged to think not of an ability which does not exist, but of one which will eventually develop and can be helped to do so.

Representation which is concerned with meaning, thought and intention is then named "Surprise Ways". After considering symbolic play, neurological considerations and levels of communication, she examines language in some detail, including its relationship with "processing at the representational level". Again, the practical

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advice does not shirk from pointing out the pitfalls. For instance, how easy it is for the over zealous adult to manoeuvre children into one word utterances when the aim is some spontaneous extension. She next looks at conditions which affect learning, alternative systems of communication and response to meaning, with some penetrating observations on the implications for the teaching of language and reading.

Memory is always a difficult subject to examine lucidly but this book manages to be less pedantic and obscure than most. The controversial implications of recent research findings are acknowledged and only tentative conclusions drawn. We are introduced to the concept of primary and secondary memory and the relationship between the two. However, one wonders whether the older phrases, short-term and long-term memory, are not more descriptive and thus more helpful to the layman. From the descriptions of control processes and developmental aspects she is able to suggest ways in which children can be trained to remember.

There is a critical look at some conclusions drawn from experiments concerned with motivation and the difficulty of deciding upon true incentives. The point is made that children who are well motivated to tackle tasks within their capabilities can eventually learn to set their own standards and become internally controlled.

The chapter concerned with acquiring skills is of course aimed in the main at educating adolescents. The nature of skill is claimed to be fourfold. It consists of welding together a collection of sub-skills, moderation due to feedback, mindful automation and productivity which is the ability to transfer learning to new tasks with little or no fresh learning. Those young people who by definition will be slow to become skilful should, nevertheless, still have the acquisition of skill set as their goal and the temptation to inculcate habits instead should be resisted.

The final chapter summarises the whole process, emphasises the interdependence of its parts and attempts to construct a model in a very simplified form. There is a demonstration of how this may be used to select aims and objectives when drawing up a curriculum. It is a pity that it is not until this point that overlearning receives a mention. However, once mentioned, it does receive its due emphasis.

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It seems inevitable that texts describing mental processes contain a statutory collection of flow diagrams. Those who appreciate these will find the ones in this book clear and helpful. Those of us who do not come into this category must take comfort from the fact that at least our existence is acknowledged in the last chapter!

This book "is neither a textbook nor a D-I-Y manual", its author tells us. Nevertheless, it is surely destined to become prescribed reading in establishments attempting to marry learning theory to good classroom practice. It will also be recommended to those making their first contact with handicapped children as a very enjoyable read that will surely improve their understanding of learning difficulties.

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Greater London Association for the Disabled (1982) Special School Leavers: The Value of Further Education in their Transition to the Adult World

Greater London Association for the Disabled

Reviewer: Kay Kidd, Eastleigh College of Further Education, Eastleigh, Hampshire

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This report details the results of a research project commissioned by GLAD (the happy acronym of the Greater London Association for the Disabled) and undertaken by Jennifer Newton and Janice Robinson. No indication is given regarding the background and experience of the two researchers which would qualify them to undertake such research. This information might have been appreciated by readers.

The prime purpose of the report is to convince local and national policy makers of the value of further education for special school leavers, in the hope that increased provision will be based on an informed and coherent rationale. To this end, the researchers pose three main questions:

(1) Is it feasible for ordinary F.E. Colleges to accommodate handicapped students? If so, under what conditions are their special needs best met?

(2) What are the benefits accruing to educationally retarded school leavers who have an opportunity to participate in a college of F.E.?

(3) What factors operate to the advantage or disadvantage of these young people as they enter the labour market?

The answers to these questions are presented in three distinct but related studies. The first two refine questions one and two still further: (a) to query the reasonableness of expecting F.E. Colleges to cope with young people exhibiting a wide range of disabilities and learning difficulties; (b) to assess the appropriateness and effectiveness of courses already in existence; and, (c) to explore and identify the kind of provision which is required.

Brixton College of Further Education was selected for the case study as it had for some years provided a range of full and part-time

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(including 'link') courses for handicapped school leavers and was therefore cognizant of the problems involved. Research techniques encompassed formal questionnaires, structured interviews and classroom observation, involving special school teachers, college lecturers and Heads of Departments, and the students themselves.

The results reported make familiar reading for all those involved in the field. Criticism is made of the (now obsolete) statutory categories of handicap and attention is drawn to the incidence of multiple disability among special school leavers, particularly the high incidence of emotional disturbance resulting in behaviour problems and the amount of time lecturers must devote to 'counselling' students with such problems.

The need for greater co-operation and communication between special schools and F.E. Colleges is mentioned. For example, lecturers, unfamiliar with the needs of special school leavers, have to rely on detailed reports on individual students being provided by the schools. This situation will continue until in-service training is provided which equips lecturers to ascertain difficulties and make assessments for themselves.

The students who attended Brixton College, especially those on 'link' courses, were categorized as suitable by their teachers rather than the college lecturers. However, it became increasingly obvious to the researchers that those students who were already socially mature and academically most able (especially in communication skills) were being selected, thus effectively denying further education to those who perhaps more desperately needed 'extra input' in order to enhance their social confidence and self-esteem. This denial was further compounded by the fact that 'link' course students were much more likely to apply for full-time places in Further Education upon reaching sixteen than were those students denied a 'taste' of further education through link course attendance. Therefore the college could be said to be recruiting only the more able special school pupils and failing to provide for the whole range of ESNM school leavers. Thus the researchers' reference in their summary to "a wide range of courses to suit students of different abilities" could be questioned. Certainly no provision for those school

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leavers labelled severely educationally subnormal was evident. The college was also environmentally unsuitable for the severely physically handicapped. One suspects this pattern is a common one throughout the country. Few local colleges boast the necessary ramps, rails, lifts, specially equipped toilets, etc. to cope with chair-bound students. County architects continue, in spite of the 1970 Chronically Sick and Disabled Persons Act which requires that such provisions be made in educational buildings, to design and build new colleges and extensions to existing colleges which ignore this legislation. These circumstances, coupled with the reluctance of local authorities to fulfil their obligations to provide places in further education for all senior pupils and the resistance - arising from lack of experience - on the part of F.E. lecturers to entertain such students, all play their part in denying access to F.E. for students with special needs.

The GLAD report states that: "None of the staff teaching special school link students had had any special training for work with the handicapped". It goes on to quote the view of many lecturers involved with special school pupils that "... a willingness to work with handicap, patience and a sense of humour were more important than specialised training or experience". While I would not deny the importance of the qualities mentioned, I would maintain that any curriculum for those with special needs in a college of F.E. needs to be under-pinned by a clear theoretical rationale and that it would be difficult for staff untrained and inexperienced in the field of learning difficulties and the necessary teaching strategies to accomplish this. The feeling of unease about much present provision is not dispelled by the statement that "... lecturers were creating their own individual schemes of work (often on a day-to-day basis) and learning the hard way which approaches were or were not successful with their students".

Sadly the 1981 Education Act does not re-iterate the 1944 Education Act's clear legal obligation to provide suitable schooling for senior pupils, (ie, 16 to 19 year olds), nor does it make any reference to the need for an expansion of INSET in the field of special education, although this was one of the Warnock Report's three priority areas.

Turning to the content of courses offered to the special school

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leavers, the report notes the emphasis given to practical subjects at Brixton. This emphasis results from the belief that less academically able students would enjoy and achieve success in practical activities. Certainly, opportunities for many practical activities are limited in special schools, due to their small size and the lack of specialized facilities which fails to attract subject 'specialists'. There will therefore be areas of practical activity available in the further education milieu, previously denied to special school pupils, in which they may well discover abilities and talents. However, it is disturbing to find the old saw about those who lack intellectual ability being "Good with their hands" restated here. Considering the number of less able youngsters who exhibit poor motor and hand/eye co-ordination, this is obviously a nonsense. In these days of high unemployment, it is a dangerous nonsense if it condemns less able students to practically based courses for which they may have no talent or liking and denies them aesthetic and cultural inputs which might provide the leisure skills necessary for significant living without paid employment. As the GLAD report notes, too many courses offered to students with special needs in F.E. consist of "watered down exam syllabuses" or unduly emphasise basic skills and work skills, at the expense of social and leisure skills, which might better meet the needs of young people who may have to live their lives, hopefully and meaningfully, without regular work.

It is interesting to note that the Further Education Unit has commissioned David Hutchinson of North Notts College of F.E. (who first coined the phrase 'significant living without work') to undertake a study of this area. His conclusions may prove more relevant than those of the present report, as the massive rise in unemployment which took place during the period of the Brixton study must to some extent negate the report's findings.

Summarising strengths and weaknesses on both link and full-time courses, the researchers conclude that the strengths lay in the willingness of the college and many of its staff to provide "sympathetic and flexible" consideration of handicapped students and their needs, and the acceptance by the college hierarchy that positive discrimination

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in terms of material, staffing and financial resources had to be made if courses were to be successful.

The weaknesses were seen to lie in the lack of a specific college policy on handicapped students, including the need for a revised admissions procedure and the absence of provision for the severely mentally and physically handicapped.

The third and final part of the report, which concerns itself with employment opportunities for ESNM school leavers, poses the following questions:

(1) To what extent do conditions in the current labour market restrict opportunities for ESNM school leavers to secure paid employment?

(2) Why is it that, even in a recession, some firms seem more willing than others to employ the ESNM?

(3) What implications do the answers to these questions have for policies intended to maximise employment opportunities for this group?

Information was sought from the careers service, special schools and employers in manufacturing industries, distribution trades and miscellaneous services, such as catering, laundry, motor repairs, etc. It was found that some managers exhibited discrimination against certain ethnic groups, others did not consider all jobs equally suitable for either sex, but the most common area of discrimination was against young people.

> "Managers in 33% of firms said they tended to avoid taking on school leavers in any capacity. This was not generally because 16 year old school leavers were judged incapable of performing any useful function in the work force. In all but sixty firms, managers could identify suitable work for school leavers. Indeed, most of those now avoiding employing this group had taken them on in the past. The change of attitude had come about with an increased supply of labour, from which managers were selecting favoured groups - that is, older and more experienced workers needing little training or time to adjust to work routines."

ESNM school leavers therefore suffered a double disadvantage in the labour market; youth compounded by disability. It must also be recognised that many jobs do demand a high level of educational attainment and social competence and it would be totally unrealistic for an

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intellectually and socially handicapped youngster to hold such aspirations. In fact, kindly counselling towards more realistic aspirations must inevitably fall to the lot of the further education lecturer.

However, the researchers remark on the "formal and exacting" demands of many application procedures and note that: "it was not always clear to the researchers that test questions had any direct relevance to the jobs under consideration."

The need for handicapped school leavers to be more familiar with the workings of the careers service and the Job Centres, and to have specific training in form-filling and interview techniques, was noted.

Asked to pin-point those jobs considered most suitable for special school leavers, managers invariably opted for 'unskilled manual labour'. Apart from the fact that such jobs are fast disappearing - as machines take over simple, repetitive tasks - they are also lowly paid, without much security and offer no hope of advancement, and so the handicapped school leaver who is 'lucky' enough to find such employment is locked into a life-time cycle of deprivation.

Praise is given for the role of specialist careers officers who, in spite of his daunting task, do chalk up considerable success in finding employment for his clients. Recognition of the efforts of special school teachers in approaching employers directly on behalf of their pupils is also made.

The value of work experience placements, whether school or college based, is remarked upon both from the students' point of view, in terms of gains in social confidence and assimilation of job skills, and from the employers' point of view, in terms of the opportunity it provides for personal experience of ESNM youngsters and their abilities. It became clear to the researchers that managers who had had direct experience of the handicapped in their own lives, or families, or who operated work experience schemes in conjunction with special schools, were far more likely to offer handicapped school leavers employment. In other words, if the handicapped school leaver can be educated to clear the hurdles of application forms, tests and interviews and be given an opportunity to attempt the job, he/she will often prove to be perfectly adequate to the task. The American concept of the '9 to 3 retard',

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(ie, the youngster who placed in an academic setting performs badly, but placed in an everyday social or work situation performs tolerably well) is very relevant here.

It is a pity, in view of the present ever deteriorating employment situation, that so much emphasis has been given in this report to the value of Further Education for improving employment prospects. This should not be the sole criterion for providing further education. Policy makers are unlikely to be impressed with present day records of employment among handicapped college leavers and will not look kindly on the question of further provision if its advocates put forward enhanced employment prospects as their principal argument. Further Education has more to offer the handicapped school leaver than a narrow, vocationally oriented provision. College courses, while retaining necessary and valuable components for improving basic literacy and numeracy, must also recognise the need for those skills which will help the socially and emotionally retarded to grow and mature and gain the self esteem which will enable them to take their place in society as able and responsible citizens.

This is an honest report, the findings of which are further detailed in careful tables of statistics. Perhaps the attempt to extrapolate national needs, from an investigation of conditions in one college, is rather ambitious, but its main fault lies in the fact that events have simply overtaken it and rendered its principal argument irrelevant.

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Hutchinson, D. (1982) Work Preparation for the Handicapped
Croom Helm

Reviewer: Roy Brown, University of Calgary, Alberta, Canada

This short book of 73 pages, plus appendices, should be compulsory reading for all those who seek to work with handicapped adolescents and adults. It is relevant to programming, vocational training, education, and the design and development of policies and philosophy. David Hutchinson has been Head of the Work Orientation Unit at the North Nottinghamshire College of Further Education since 1970. The book owes much to his direct experience working with a wide range of handicapped adolescents and adults. The discussion and recommendations are clear and the latter are compared and contrasted with procedures in local education authorities and social service departments. The book also acts, to some degree, as a commentary on the Warnock Report.

The book provides food for reflection at a number of levels. It prompted me to think how far the treatment and education of handicapped youngsters has advanced in Britain over the past 25 or so years. This book is a tribute not only to Mr. Hutchinson's hard work and experience and the outcome of his efforts with handicapped youngsters, including those who are physically, culturally and mentally handicapped, but to those in Britain and elsewhere who have dedicated their work to the improvement of conditions for handicapped people. I wonder whether today's students recognize that the changes are very dramatic. A history of rehabilitation is certainly a necessary component of this field of education.

Approximately 25 years ago as a young British student, gaining my post baccalaureate experience in the field of handicap, I had occasion to spend some time in hospitals working with handicapped persons. I remember on one occasion passing a school area and listening to the sound of "all things bright and beautiful" from a group of moderately mentally handicapped youngsters. There could be little doubt that the

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conditions under which they lived were neither bright nor beautiful! Today, despite the urgent problems in the field, the availability of varied and advanced programmes make the proposition somewhat different. We have learnt that buildings do not make programmes, and that where flexible programmes can be developed to match the needs of individuals, the opportunities for success increase.

The experience demonstrated and the programme recommendations in this book support, to a very large degree, the work of a number of people in different parts of the world, though from the reference list it appears that Mr. Hutchinson has had little contact with those other studies and demonstrations. Although this is a pity, since they add more fuel to Mr. Hutchinson's fire, we have, nevertheless, an interesting validity check, since he comes to very similar conclusions to a number of other authors. Perhaps his book would have been more impressive if he had augmented his arguments with this previous knowledge. I am thinking, for example, of the work of the Clarkes, Whelan and Speake in Britain and also the work of Jim Ward and Trevor Parmenter from Macquarie University in Australia, and of our own work in the Vocational and Rehabilitation Research Institute at the University of Calgary. The lack of adequate reference underlines the gap in co-ordination and cooperation which is critical if this field of endeavour is to maximize its development.

I would like to stress and discuss a number of the statements that Mr. Hutchinson makes. First of all there obviously is no substitute for detailed planning and task analysis. But one does not develop programmes for handicapped youngsters without a very thorough knowledge of both normal and abnormal development. It needs to be recognized that there is great variability in the performance of handicapped youngsters and that formal measures of assessment are subject to error and are inappropriate for many handicapped persons. This has been known for some time and has implications for some of the work described in this book.

In the first chapter, Mr. Hutchinson refers to the work ethic and the importance of work for handicapped persons. I believe that vocational rehabilitation, regardless of the form it takes, will not be

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perceived during the next 30 years as the most important form of habilitation procedure. Vocational habilitation, developed within our institutional and school settings, has been necessary and is an appropriate method of programming for handicapped youngsters. We recognize it as important because it was amongst our first attempts at habilitation, but as such it represents our own conrete and limited thinking. It was the initial success at programming and task analysis which made vocational rehabilitation important, but not necessarily the major need of handicapped youngsters. Mr. Hutchinson recognizes the importance of other areas of programming, and I believe it likely that not the least of these will be the development of leisure time skills. This could become the major and pervasive form of habilitation over the next quarter of a century because it: (a) enables a much more flexible approach to habilitation, although it requires much more complex skills of task analysis; (b) immediately taps aspects of motivation, self-image and self-concept; and (c) relates directly to community aspects of living, including family life style. If we wish handicapped people to do more than survive and encourage them to live a quality life within the community, it is essential that we deal with aspects of programming which enable the individual to experience a quality life. Although one does not doubt that vocational training will remain an important form of education, one needs to question whether it will be the major form of training when it cannot become the major form of employment. In this sense it is a pity that Hutchinson, though foreshadowing, like the Warnock Report, the development of leisure time training, does not direct his attention to programming in this area. Yet, the sad fact of the matter is that many personnel in the area of rehabilitation, whether in a community college, technical college, or in hospital or other vocational environment, have not yet recognized how to carry out detailed assessment, complex task analysis and programming even with basic vocational skills. The limitations are not handicapped people, but the handicaps of personnel. This is in no way to denigrate staff, but to underline the fact that unless we are prepared to develop much more qualified and experienced individuals from our universities and colleges in terms of rehabilitation as a profession, it is unlikely

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that we are going to answer the major problems in the field. I make this comment having some knowledge of the British scene and with experience of designing a new B.Ed. degree in Rehabilitation Education.

Mr. Hutchinson's book comments on the importance of placement and follow up services, and recognizes the role of different forms of employment, including sheltered workshops. It also underlines the importance of communication between the different levels of government, and underscores the importance of education for the development of these services. Again, communication has to be based on knowledge and experience. There is an increasing number of handicapped children in ordinary schools, which underlines the importance of an adequate knowledge of exceptionality for personnel who deal with normal children. The Warnock Report stressed the range and number of people who are handicapped and require services. It also emphasised the importance of such professional education, but the implications have not been understood by the general educational community and will, if not dealt with, cause disaffection with the process of integration as it affects handicapped children.

Mr. Hutchinson recognizes that having a job is a very meagre measure of success. Satisfaction in one's work and quality of life style, if they can be adequately defined, provide other ways of measuring the effectiveness of training and placement. This represents another area in which the book represents a jumping off point for further demonstration and research. Work has been done in this area and should be discussed.

One can agree that the development of courses for handicapped youngsters, sometimes with, and other times without, modification of the academic curriculum is important. The flexible direction of such courses and the appointment of a staff member, in every establishment of further education, responsible for welfare of students with special needs is necessary. For some while it has been argued that familiarity between staff and student is critical, since the handicapped youngster is much more susceptible to changes in environment, and frequently does not have the same types of support from the community or the home as other individuals. Let us hope that such recommendations will be taken

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to heart, and that the individual so appointed is not the least able or knowledgeable of staff members, but the most able, for great skill and knowledge are necessary. Social and community education are also seen as important aspects of a programme, but one might also ask that in developing the student's aspirations and potential, he or she be involved in the design and development of programmes. This can be done to only a mild degree in the early stages of education and training, for here structure and information are critical. But, increasingly, the handicapped individual must play a role in the development of skills and a positive self-image. The various committees and procedures that are developed for handicapped youngsters should include input from handicapped youngsters. It would have been interesting to see the reaction of handicapped people to the recommendations of the Warnock Report during its developmental process. Our own experience of including handicapped persons, and indeed quite severely mentally handicapped persons, in the design and development of programmes has suggested that we have much to learn from the input of this group.

The book provides a variety of flow charts and diagrams along with many straightforward and common sense recommendations, and could be used in the development of agency philosophy and goals. Our own experience, in consulting with a wide range of agencies, suggests that philosophy is often vaguely developed and specific goals are not clearly defined or integrated by board or staff.

Hutchinson does not provide the details nor the structured methods of programming. The book is not intended for this purpose, but what it outlines is a clear philosophy and method of setting goals. But if staff are going to effectively deal with the programmes that are required for individuals, who show an enormous range of heterogeneity, they will also need to be trained in the basic skills of assessment, training, education and treatment.

The importance of leisure time is well recognized in this book, yet it underlines the concern that many of us have felt, and indeed spoken to at a variety of government levels. There is a pitiful lack of understanding of the importance of leisure time in the lifestyle of handicapped youngsters. This is no frill as is often claimed by

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governments, and it is not very expensive to bring it about, but the detailed application of knowledge within this area by skilled workers is critical. Although leisure time may involve a variety of facilities, and indeed involves physical recreation, it includes a range of skills which seem to exemplify the types of tasks that encourage and develop learning in handicapped youngsters, (Brown & Hughson, 1980). The development in North America of recreational specialists, both at community college and university levels, gives a dimension to leisure time training which is not readily apparent in the British environment. Yet even in North America there is poor recognition of the importance to be played by leisure time education in habilitation. I believe that this is a reflection of our work ethic on the one hand and, on the other, the lack of understanding of the more abstract skills involved. Apart from physical and spectator activities, leisure time involves a wide degree of learning, judgment, self-concept issues, and generalisation. Our conceptual problem is underlined by the fact that in one of Hutchinson's figures recreation and leisure are seen as a support to vocational and basic education. It might be appropriate to examine the advantages as well as the disadvantages of holding a philosophy where recreation, leisure time activity, along with social and community activities, are seen as the centre of the programme, with basic education and vocational training as support or supplementary programming!

It is accepted that training can be carried out in various dimensions, home living, vocational, etc. One certainly hopes that these areas will be integrated and support one another in philosophy, design and treatment, but it does not seem to be clearly recognized that there is great importance in providing booster programmes to ensure that individuals can maintain themselves effectively within the community once they have been 'rehabilitated'. It is likely, as our communities change with new systems and procedures, that an individual, trained at one stage to be effective in the community, will be destined for failure at another, because he has not learnt or is unable to generalize skills to changed situations. Follow up procedures, envisaged by Hutchinson, should be expanded to ensure additional learning and information as required after placement, rather than simply counselling or monitoring devices.

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In terms of the book, it is a pity that we do not know more about the students involved in Hutchinson's programme, the success of students, or the degree of the support supplied. It might also have been helpful to have a range of information from other programmes where support is supplied. From this, his recommendations could have been of even greater assistance.

The aim of the book is to assist the handicapped person to have as normal a lifestyle as possible. This is increasingly seen as a catch phrase. In general terms it is like motherhood, but what does it mean for each individual with his varied background and different needs? The moment that we begin to look at quality of life and the development of self concept, we increase our range of heterogeneity. "As normal a lifestyle as possible" would then seem to mean that most suited for a particular individual. This cannot be established unless we consistently involve ourselves in the concerns, interests and motivations of each individual.

In the concluding sections of the book there are a number of comments on lifestyle, including prospects of sexual relationships and the development of home and family. Many of these areas have, as the author rightly suggests, been ignored. Unfortunately they are often viewed as problem areas which have to be accepted. To quote Hutchinson, "handicapped people, like anyone else, are sexual beings; parents and professionals alike <u>have no recourse but to accept this</u>" (my underlining). Sadly, we do not see these areas as assets and advantages which aid in the development and the quality of life, we see them as problem areas in which inhibition and control are exerted. We will not develop quality lifestyle for handicapped people until we recognize and maximize all the components which go to make up this quality.

It is apparent that Mr. Hutchinson has been involved in an innovative project, but it is difficult to ensure that innovation foreshadows a general advance in services. After periods of advance in a programme, we often see decline and decay. It would be useful if Mr. Hutchinson could indicate ways in which the project that he has developed could be expanded into other areas. What are the essentials for an innovative programme? The motivational and philosophical concepts

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held by programme leaders are probably critical. Certainly students and their teachers should discuss tnis question.

In carrying out this review, I have attempted to follow the aims of this journal by providing an expanded discussion and commentary on the book's content. I would like to suggest that all serious students, whether in the work force or in college, read and digest this book. However, I would like them to do so (a) within the context of seeing what occurs practically; (b) in the context of discussing some of the problems and suggestions that have been raised; and (c) in planning for a coherent philosophy and programme when working and living with handicapped persons.

Finally, I would like to thank Mr. Hutchinson, who, quite unwittingly, provided a platform for the discussion of a number of ideas which are raised by his very useful and helpful book.

(Roy Brown spent many years working in England with handicapped youngsters before joining The University of Calgary, Alberta, Canada, where he became for 10 years the Director of the Vocational and Rehabilitation Research Institute. He is currently Head and Professor, Department of Educational Psychology and Coordinator of the University's Rehabilitation Studies Programme. He is, with Anne Hughson, author of Training the Developmentally Handicapped Adult, 1980, Publisher: C.C. Thomas, Springfield, Illinois.)

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Thomas, D. (1982) The Experience of Handicap
Methuen

Reviewer: Mary Warnock, Lady Margaret Hall,
University of Oxford

First, it must be said that this is not a book about the education of the handicapped. Published as an educational paperback, its role is to educate its readers about the place of the handicapped in society; not to discuss education in a second-order way. The desegregation of the disabled is presented as a goal for society as a whole; not a goal merely in the context of schools and colleges. This is a realistic approach, and is to be welcomed. Too often discussions of 'integration' are narrowly educational, and for that reason seem irrelevant to the vast majority of disabled people.

But, secondly, the appeal of the book may be somewhat diminished by the extreme shoddiness of the writing (or perhaps, partly, of the proof-reading). The punctuation is chaotic, to the extent that it is often difficult to follow the argument. Although the author is acutely aware of the dangers of fashionable phrases and bland rhetoric, he by no means always avoids the pitfalls of a vaguely sociological jargon. In his summing-up chapter at the end (to which I turned halfway through the book, hoping for some general enlightenment before I went on), the following sentences occur (and others like them): "Visible impairments have become crucial indicators not only of the presence of functional limitations but produce secondary generalisations which shape inter-actional processes and gives embodiment to social value-judgements." "Impairment makes a difference, but society seems to insist that it is a mark of deviance-nature and accidents may create disability; we manufacture handicap." It is tiresome to have to read sentences more than once to discover their meaning. David Thomas's heart is in the right place, but his pen not always equally well disposed.

But there is much to admire. Though he does not altogether care for the word 'normalisation', David Thomas is in no doubt that the

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concept must be our guide. We must not be deflected from attempts to normalise by the risk that sometimes we may expose the disabled person to worse isolation in trying to bring him into society - "While there is a measurable gap between rhetoric and reality in respect of normalisation it is none the less the only legitimate guiding principle for private policies and public behaviour." This is surely right, and worth saying. We need to be alert to the possibility of a backlash against the disabled, especially in times of financial cuts and unemployment. 'Normalisation' is our only defence against this. Moreover the point about a guide is that it is, or should be, reasonably flexible. It is not an absolute command. If two profoundly deaf people, who had never learned to speak or to lip-read well, preferred to live together, communicating by signs in the deaf world, in my view, and I suspect in David Thomas's, they should not be forced to try to integrate socially with the hearing. The crucial thing is that the choice should be theirs.

This is indeed the central message of the book: that 'the handicapped' do not constitute a class of people on whose behalf decisions have to be made, or for whom charity has to be dispensed. Disabled people are as different from each other as all other people are. As far as possible they should be thought of <u>first</u> as people, and only <u>secondly</u> as people who have particularly difficult circumstances to contend with. The words of disabled people themselves are used in the body of the book to convey this civilised, if obvious, truth, and their statements and protestations make compulsive reading.

What stands in the way of the achievement of the humane, attractive goal, of treating disabled people as real people? David Thomas is good at suggesting reasons why we all find it so difficult ... not only those of us who are not disabled (but may be one day, through accident or old age), but those of us who are. One of the obstacles in our way is the Victorian humanitarian concept of <u>helping the needy</u>. It is difficult (sometimes, I suspect, impossible), not to fall into the role of the 'helper', when, let us say, a severely disabled person, a spastic, for example, gets on to the long-distance bus, bravely by himself, but unable to speak clearly to the driver about where he wants to go, unable to get his luggage to the boot of the bus, unable even to find the right money

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for his ticket without causing the whole of the rest of the queue of passengers to become restive, if not frantic. Are we not bound to help? David Thomas is inclined to blame 'society' for, as the sociologists say, 'perceiving' such a man as handicapped (and thus causing him to 'perceive' himself in the same subordinate role). But the fact is that he is at a grave disadvantage; and he cannot manage his bus journey without help, even compassion (which he will universally receive). Perhaps what we want is not the ruthlessness to refuse to help the handicapped (so putting them on a level with every one else), but a readiness to help other people, not obviously handicapped, but old, silly, young, in a state ... anyone who is not functioning at his best, and who is, for that reason, time-consuming for the rest of us. The disabled could be of great benefit to us all, if they would gracefully accept help, and encourage us to offer the same help to anyone, however non-classifiable their need might be. Just so, the disabled might enable us to think differently about unemployment. We might learn from them that the values of competitive work are not the only values. David Thomas hints at this possibility, but does not squarely face it.

Another obstacle in the way of 'normalisation' is the attitude and expectations of those who are professionally involved. Here Thomas is excellent. He points to the evils of professionalism without falling into the exaggerated folly of arguing that professionals who work with the handicapped are motivated solely by the desire to keep themselves in a job. But he very sensibly recognised that "each cadre of professional concern develops its own cognitive style of appraising the handicap, with its in-group jargon, house journals, specialised training and shared value systems. Not only does this present problems of interdisciplinary communication ... but it lends itself to the process of mystification".

The mystification of handicap, and the inability of professionals to communicate with persons outside the profession, whether medical, social or educational, is illustrated in the present book by a number of horror stories from parents of handicapped children who have been excluded from the power-circle of the professions involved, either deliberately, or through a total ignorance that communication had not

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taken place. Such stories are all too familiar. There is a powerful argument here for a systematic debunking of the mystique of the professions so that parents are no longer terrorised or overawed (often when they are at their most vulnerable, soon after the birth of their child). Doctors are probably the worst offenders. They have the grandest ideas of their own expertise, and they tend to see parents at an early stage in the whole nightmare process of diagnosis, prognosis and explanation. But, to me sympathetically, David Thomas is, if anything, more critical of the social workers' attitudes.

Without indulging in a hierarchy of guilt among the professionals, it is nevertheless arguable that unless they change their attitudes to the disabled, society as a whole will not be able to do so. And without a change of attitude, no true normalisation can take place. If society could in some way adapt to the disabled, could cease to be embarrassed by them, could help them when they genuinely needed help, but could accept them as contributing to life, whether they needed help or not, then perhaps the controversial question of 'integration' in school would be seen in its true perspective. It might cease to be quite so controversial an issue. On the one hand, it would be obvious that, wherever a child physically could be integrated into the ordinary classroom, that would be where he belonged. But equally, if a severely handicapped child was thoroughly accepted in society (and his parents taken seriously as the people who knew most about him, and could contribute most to his life), it would no longer seem like a rejection, but like a contribution to his future life if he were educated apart from his contemporaries, when, for example, it could be shown that proper provision for his educational needs could be made only in a special school. The question of where he was educated could be seen to be, as it is, a secondary matter, compared with the question whether he was getting the quality of education to which he was entitled, as a full member of society.

It is much to be hoped, therefore, that people will read David Thomas's book, and grasp what its argument is. He does not deny that some people have disabilities so severe and so daunting that it is impossible for them to lead a wholly 'ordinary' life. But he argues

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powerfully that we, the non-disabled, often compound their difficulties. And he reminds us, very properly, that we are not a different category of beings. We, too, will be disabled one day. We may, or may not, need help.

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Weber, K. (1982) The Teacher is the Key: A Practical Guide for Teaching Adolescents with Learning Difficulties
The Open University Press

Reviewer: Judith Eubank-Scott, Mountbatten School, Romsey, Hampshire

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Ken Weber, Chairman of the Department of Special Education at the University of Toronto, has prepared a lively and imaginative approach to the classroom management of adolescents with learning difficulties. In reading this extensive coverage of the needs of adolescents, one cannot but be impressed with the commitment that Ken Weber clearly has towards his subject. He is fascinated with the problems, the pains and the joys that teaching children present. Above all, he is determined that children with special needs should be taught by dedicated teachers who themselves have a high level of commitment to this particular professional area.

Running through the book is a clear concern both for the children and for their teachers and one is asked to consider the difficulties which both face when staff selection is unimaginative and inappropriate. Weber asks us to respond positively to the role we have acquired and suggests that the children are often the first to realize the importance of this. As he notes - "Adolescents with learning and behavioural problems will respond to the reasonable demands of teachers with common sense, firmness and compassion. These students know in their hearts and in their heads that, for them, their teachers are the key. What they want, most of all, is for the teacher to realize it too."

"The Teacher is the Key" covers the social interaction which takes place between the teacher and the student, discusses the psychological basis of some of the problems experienced by the students and discusses the methodology of the classroom approach. It is essentially a practical guide to classroom management which is not only related to the specialist teacher, but which also considers the role the entire school staff has to play in the education of all children with learning difficulties.

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Weber's book is written in the context of the Canadian education system and as such there are aspects of his approach and of the student's social behaviour which lack relevance in the British classroom. However, the classroom teacher should always be able to modify the approach suggested by both his early professional training and reflective reading to meet the needs of the differing situations in which he teaches and there is much in this detailed book which may well be used in a typical comprehensive school.

Ken Weber has presented the book in two sections; the first dealing with the teacher/pupil relationship and the final section concerning itself with the practical applications of the teaching technique. Throughout the book there are amusing, detailed, factual reports of events which occur in every classroom. These bring the book to life and help the teacher to relate to the everyday incidents in his or her own classroom. The essential point which connects each of the pen sketches is that the teachers involved dealt with the incidents with strategies which cannot be gained in training or further study. Weber writes that - "It is just something that teachers do". He suggests that - "Perceiving, analyzing and responding to a need that seems to have nothing to do with a student's intellectual growth is part of a teacher's daily role. It's why teachers can never be replaced by machines, it's why the teacher is the key".

Ken Weber lays the foundations of his principles early in the book when he points out that teachers are far more than instructors to students with learning difficulties. The teacher becomes a mediator, motivator, counsellor and, in Weber's terms, a "facilitator". One of the responsibilities with which Weber concerns himself is the role of the teacher as an interventionist. Many children express their frustrations with themselves, with their learning difficulties, and with the school's management of the problem in such a way that the learning difficulty is superseded by behavioural problems and this, in turn, may lead to the school rejecting the child; suggesting that other professional agencies should intervene. Weber refers to this at several points in the book and clearly sees the classroom teacher as the initial interventionist. He or she should be able to decide when, how and whether to intervene in the conglomeration of

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influences which lie behind a child's surface behaviours. There will be mistakes, Weber is no idealist, but he is emphatic that the classroom teacher plays the most important role in helping the troubled child. As he says - "A consultant inevitably lacks intimate knowledge of a case. If anyone is going to intervene with a troubled student, it is almost certainly a teacher".

However, a teacher does represent a value system against which many adolescents react and the child with learning problems feels he has even greater reason to reject the system which he believes is rejecting him. Ken Weber believes that the teacher should break this cycle, leading children to the realization that their difficulty in school is not necessarily the product of "an adversary relationship". Yet at the same time the teacher must continue to support those values to which he or she subscribes. This concern with the complexity of the teacher's role is to be found throughout the book. Ken Weber offers a practical guide, but does not lose sight of the reality of the situation.

Weber discusses a causal approach to the problems of children with learning difficulties and draws upon his twenty years of experience as material; at the same time pointing out to the reader that "a discussion of the 'why' of learning problems is necessarily subject to the arbitrary choice of whoever is leading the discussion". He admits that his examples are not definitive and emphasises that the forces producing learning problems are varied, complex, elusive and limitless. Although it is difficult to attempt a specific definition, Weber offers the following four points:

(1) learning problems generated by a single, easily identifiable cause are probably the least frequent type a teacher will encounter;

(2) by the time the existence of a learning problem is established to all concerned, what may once have been the cause has usually been interwoven with and compounded by a series of other factors: this is especially the case with the adolescent;

(3) the older the person with a learning problem, the more difficult the correction of the problem will be; and

(4) even knowing a cause does not imply a remedy.

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One of the concerns which Weber raises at several points in the book is the fact that many adolescents with learning difficulties are able to adjust to life outside the classroom in exactly the same way as any other teenager. He returns to the point that so often schools fail to realize the potential of such pupils and he repeatedly emphasises the responsibility that the teacher has; the teacher is the key which can unlock the wealth of skills held by any child. Weber asks "what makes them so different for the six hours of a school day?"

He presents the following chart as a starting point in the discussion:

Adolescents with Learning Problems
Characteristics and their Outcome

Significant Discrepancy
Between Manifest Level of
Function and True Potential

Unwillingness to
Defer Gratification

Avoidance ←——— ———→ Reduced Quality of Performance

Perceived Disassociation
from the Mainstream

Lack of Self-Esteem

Imapired Cognitive
Efficiency

Significant Discrepancy between Manifest
Level of Function and True Potential

Weber suggests that what is needed in the management of these children is a sound teaching strategy based especially on a matter of trust. The teacher must coax and cajole, propel and manipulate the child, but this should be done in an atmosphere in which each student has a clear understanding of the purpose of each activity. Weber's sketches of classroom life include some hilarious examples of children rejecting the work before them; they know full well that it lacks purpose and is merely aimed at passing the time from one bell to another.

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Having tackled the classroom situation, the teacher is still faced with the problem of integrating pupils in the corporate life of the school, a concept which often meets with antipathy both from his or her pupils and from colleagues. Each school must develop its own philosophy and Weber discusses the variety of ways in which the needs of children may be met within a school. There can be perceived disassociation from the mainstream of the school. Some adolescents will express a very real desire to be outside the mainstream; others will develop a deep sense of isolation, resist the integration process, or resent the dominant culture of the school.

Trust, sympathy, dedication, understanding, all have their part to play in the teaching of children with learning difficulties; but above all Weber insists that these children can best be assisted by developing cognitive strategies. Most pupils presenting learning problems fail to think effectively, lack organizational skills, cannot process, explore, project, develop hypotheses, or follow sequences. Once again, Weber returns to his central theme that it is the classroom teacher who plays the all important role. "It's the teacher who must expose them to these strategies".

Ken Weber advocates the development of a productive teaching plan for pupils with learning difficulties. He suggests that at the basis of this should be a recognition of their needs, which include success, security, hope, direction and a need for momentum. He proposes a system known by the acronym SETSEM, which is built up from six elements:

S structure
E efficient -
T thinking skills.
S skill development/subject areas.
E encouragement.
M momentum.

Any classroom teacher will respond to this with the retort that he or she is probably following such a programme already. What Ken Weber is propounding is a sequential approach to the curriculum in order that a child's progress may be perceived in a more rational way. Although the specialist teacher can probably itemise the way in which he or she

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follows a similar approach, one is less confident about the approach to children with learning difficulties when they are in mixed ability mainstream classes. Ken Weber is enthusiastic about a zealous missionary approach towards all aspects of the school curriculum. Sadly, much of school life is destined towards an examination orientated approach by subject specialists. Weber writes - "Subjects are not ends; they are the means for developing the life-competence, the humanity and the sensitivity of those who study them".

All too often the child with a learning problem is asked to perform at a level far beyond his or her current range; although not necessarily above potential. His or her specialist teacher preparing remedial programmes frequently develops a SETSEM system instinctively. Are we in a position to demand this of all teachers in a large comprehensive school? Does a subject specialist have the right to claim sole interest in the subject matter and the examination results and little interest in the specific needs of the class being taught? Ken Weber's lengthy experience with children with learning difficulties has developed his deep commitment to this field; has this in its turn led to an academic zeal which may now be removed from the realities of the large school? Clearly the approach, curriculum, standards and the needs of the Canadian School cannot be parallelled exactly by those of the British School. However, Ken Weber's detailed account does have much to commend it to the needs of the British child with learning difficulties.

The emphasis throughout the final section of the book is on the importance of structure. Weber discusses skill development programmes, teacher directed lessons and group discussion periods, then moves into his treatment of the teaching of efficient thinking strategies and, finally, details his approach to classroom management. Most classroom teachers faced with upwards of a group of thirty pupils at any stage of their education will be keenly aware of the range of ability, application and achievement and will undertake to meet the needs of each pupil within the class structure. The child with learning problems may well find himself in a small group with a high degree of teacher interaction; but it will be in a group of children with very diverse special needs. Weber suggests, therefore, that there should be a structure within each

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group which will help each individual to develop those skills in which he is particularly deficient. The skills in which adolescents with learning difficulties fail tend to be those which involve considerable practice before mastery is achieved. They include motor skills such as handwriting, conceptual skills such as sentence structure, spelling, syntax, punctuation and computational skills. An individual programme will enable a child to develop at his own pace and, if it is perceived by him to be specific, it should acquire its own momentum. Here, the role of the teacher comes to the fore, as each child will require a great deal of encouragement and an increased level of teacher-pupil interaction. The teacher will be responsible for the pace at which the child works, although subtly involving persuasive techniques which suggest that this responsibility devolves upon the child himself. There will of necessity be a high degree of record keeping, an onerous but essential task for the classroom teacher, who may well feel that he or she already carries out many such tasks. Weber suggests a learning package for each child with teacher and pupil planning a contract of work to be completed. At the end of each section, he suggests that the pupil should maintain his own record of work. Weber does not discuss the variety of implications that such a task will carry, concentrating here on the development of specific skills. Such a process will of course lead to a child becoming more responsible for his own learning, developing a sense of personal discipline, learning co-operative behaviour with an adult and developing the ability to plot and maintain a record of achievement and be able to use it in a meaningful way.

Weber clearly promotes the child-centred approach to learning, but is also committed to the class approach and shows there is a place for the teacher directed lesson. He advocates the use of short, pithy lessons, but demands that this should have impact. Weber sees the role of the teacher as initiator, developing a rapport between the class and this leads to his further developing his concern with the group process as part of the methodology available to the teacher. However, he is not idealistic about the difficulties involved in this approach and repeatedly emphasises the need for extensive and thorough preparation on the part of the teacher. Weber sees all the learning

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strategies available to the teacher as forming "... part of the catalogue of methods a teacher will use". He does not see them as exclusive, but rather an essential part of the programme which each child needs. He writes - "Adolescents with learning problems need rapport, the inter-change, the role-modelling, and the experience of a trustful group relationship with an adult figure".

In his treatment of the group discussion lesson, Weber continues this theme of rapport and develops the value of the group process. The continuing theme of the role of the teacher is to be found in this section, together with a particularly valuable coverage of the needs of the dysfluent adolescent. Weber discusses the emotional responses that are observed so often in a group of adolescents with learning difficulties. Such lessons must have clear objectives and a recognised structure. Group work does not develop spontaneously and success is dependent on the skills of the teacher. Weber has presented examples of his approach in which students attempt to solve a problem as a group activity. It would appear that Weber tends to work with pupils in late adolescence, few of whom have severe intellectual limitations, although their learning problems are none the less very real. It would have been valuable for comparisons to be drawn between groups and across other schools following a similar programme. The younger adolescent, or the child with limited ability, may not cope with some of the more sophisticated of Weber's techniques.

In concluding his work on the methodology of the classroom approach, Weber turns to "Teaching Efficient Thinking". He points out that "adolescents with learning difficulties often think differently". He is concerned with developing logical strategies and discusses the need to develop divergent thinking in our pupils. His many examples are thoughtfully supported with an answer key and offer an interesting approach to children with learning problems. This in itself is not a new technique, there have been a variety of materials on the British market in the recent past; but by being presented in conjunction with Weber's detailed discussion of adolescents with learning difficulties, the classroom teacher is able to evaluate this method himself and adapt it to his own pupils' needs.

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Ken Weber completes his book with a valuable collection of guidelines to the class teacher. Many will recognise approaches which are already well tried and tested. Where Weber's originality is at its best is in his outspoken criticism of the teaching profession in its overall approach to the pupil with special needs. He feels that the rotating timetable which demands that a child meets a variety of subjects, and the attendant personalities of the teachers taking each different class, place an unfair pressure on some children. Every teacher has his or her own style of classroom management and an original interpretation of our value system, for the child with special needs this presents yet another complexity in his life. The most typical answer to this problem is to segregate pupils into area classes, special groups, remedial units. However, this so often alienates the child from the mainstream group, it emphasises the sense of isolation many pupils feel within the school community. Weber refers to empirical studies and proposes that the problem should be tackled from a common policy; that all teachers in the school should be involved in this process.

The final stages of the book return to the problems of class G9K, whose progress has been followed throughout the book and who have provided the models for many of Weber's pen sketches. As in any group of children, they in their turn need models and the effective teacher will supply this. As Weber says "adolescents with learning and behavioural problems will respond to the reasonable demands of teachers with common sense, firmness and compassion".

The book has been published at the beginning of a new phase in the life of the British Comprehensive School. The future of the specialist teacher will develop along untold avenues as we see the integration of the area school with the supporting special schools. This will lead to very real changes in the role of all teachers and will also affect the policies of all our schools. The subject teacher, who has traditionally taught a class preparing for examination, and the specialist teacher with a commitment to the child with special needs, will find Ken Weber's latest book both enlightening, informative and refreshingly lively. It is a rare experience to be able to laugh out loud while

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studying a professional treatment of an area of teaching which poses the greatest problems and offers the greatest rewards. We would be well advised to follow Weber's maxim that high expectations reap high rewards. Weber clearly demands the highest of standards of his teachers. Reading his book offers the British teacher an opportunity to practise some of his undoubtedly worthwhile methods.

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Whelan, E. and Speake, B. (1981) Getting to Work
Souvenir Press

Reviewer: Robin Jackson, King Alfred's College,
Winchester, Hampshire

The hope is expressed that this book will be seen as a sequel to the authors' first and most successful contribution to the 'Human Horizons Series', Learning to Cope. The first book sought to give a better understanding of what it meant to have a 'learning difficulty', which personal skills areas should be assessed and developed to enable someone to live as independently as possible in the community. A similar approach is taken in Getting to Work where the authors seek to identify the knowledge, attitudes and abilities which are important prerequisites of employability and to describe practical ways in which these may be achieved. The question as to whether there is a need for such a book at a time of high and rising unemployment is met head on. The authors express their conviction that this country cannot afford - in all senses of the word - to ignore the employment potential of mentally handicapped people nor their aspirations to make a significant contribution for the benefit of all.

Our attention is drawn to the existence of many imaginative schemes devised to assist the handicapped and to the need to bring them together in the hope that they may inspire readers to consider what could be achieved if some of the schemes were to be integrated into a more coherent framework. Such a process, it is argued, would be to the advantage of all unemployed people.

It is intended that the general principles and programmes described in the book will have relevance to a broad population encompassing 'slow learning' pupils in ordinary schools to severely mentally handicapped individuals who are unlikely ever to enter sheltered employment. The authors seek to demonstrate that schemes designed to increase the independence of mentally handicapped people make sound economic sense. While not wishing to challenge the validity of this

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argument, it is perhaps necessary to set it into a realistic political context. There is a strong probability that until the end of the present decade, if not beyond, we may have a government whose attitude toward the health, education and social services appears to be rooted in a form of social Darwinism. However, the value of this book lies less in the possible impact on policy-makers as the influence it should have on practitioners and those responsible for their professional training.

In the first two chapters the authors argue that mentally handicapped adults not only have the right to work and are capable of working but, if they are to realise their potential, they require an adequate preparation. Having undertaken a comprehensive review of the literature relating to the vocational habilitation of mentally handicapped people, the authors outline in Chapter 3 their curriculum for work preparation. Although the overall curriculum embraces four main sections. (ie, self-help, social academic, interpersonal and vocational skills), it is stressed that independent living skills and vocational skills should be seen as parallel spheres of development. A clearly articulated curriculum is presented that is carefully integrated and sequenced to take account of developmental considerations.

Chapter 4 considers some of the issues involved in and different methods available for assessing an individual's readiness for placement in a job. The important point is made that assessment should not become an end in itself but rather should be seen as the basis for future action. Our attention is drawn to the equal danger where an individual's needs and capabilities are ignored or misjudged through neglecting or undervaluing the role of assessment. This chapter also provides a brief but valuable review of the variety of approaches to assessing job readiness, together with some of the instruments and systems in use. It also gives guidance as to which measures may be appropriate for a particular task.

Chapter 5, which briefly sets out the basic principles which should guide the teaching of mentally handicapped people, also provides a range of activities and exercises for developing work skills. These exercises result from the authors' own research involvement and contact with good practice in the field. In Chapter 6 the authors focus on the historical

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reasons for restricted employment experiences, consider, in the light of research findings, the kinds of job that would be more appropriate and ask whether, and what, new approaches to widening job opportunities are necessary. Too often in the past mentally handicapped individuals have been placed in jobs with little account being taken on their own interests and preferences. Chapter 7 explores some of the findings concerning job preferences which have been expressed by mentally handicapped people and considers ways of helping them indicate their choice and of guiding them to adopt realistic aspirations.

In Chapter 8 the authors acknowledge that successful job placement does not end with an individual's first day at work. It is necessary to undertake a careful monitoring of the individual during the critical early days and weeks in order to ensure that a successful and happy adjustment takes place. The placement process is examined in terms of a logically sequenced series of questions, the answers to which suggest specific courses of action. The chapter ends by reviewing the role of various placement agents, (eg, careers officer) and agencies, (eg, Manpower Services Commission).

In Chapter 9 the authors stress that job placement does not represent the final step, for we need to accept that we have a responsibility to help individuals adjust to work. But whose responsibility is it? In the final chapter the authors acknowledge the deleterious consequences of recent economic and industrial trends on employment prospects for mentally handicapped young people, but express their belief that specific improvements can be made that will offset some of these harmful effects. Although the suggestions advanced are sensible and desirable, it is debatable whether they can alter <u>significantly</u> the predicament now facing the mentally handicapped school-leaver.

<u>Getting to Work</u> sets a standard by which all new books in the field of vocational habilitation of mentally handicapped people must be judged. It is written with great clarity and economy. The arguments which are advanced are soundly based and presented with conviction. Above all, it is an optimistic book. But it is an optimism born of first-hand practical experience of the potential - human and economic - that mentally handicapped people possess. No professional worker

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concerned with the vocational preparation and training of mentally handicapped people can afford not to have a copy of this book. Not only does it provide an invaluable source of practical information and guidance but it serves to act as a tonic at a time when the prevailing economic gloom threatens to engulf us.

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